



DEPARTMENT OF THE NAVY

U.S. NAVAL STATION ROTA
PSC 819 BOX 1
FPO AE 09645-0001

5800
N00J/ 31
21 Jan 21

Amber Merrill
3617 Sagewood Drive
Portsmouth, VA 23701

Dear Amber Merrill:

SUBJECT: FREEDOM OF INFORMATION ACT REQUEST (DON-NAVY-2021-002874)

This letter is in response to your request under the Freedom of Information Act (FOIA), dated 14 December 2020 for information pertaining to counseling services received onboard Naval Station Rota Spain at Fleet and Family Service Center.

The following documents are provided with redactions, pursuant to the following FOIA exemptions: exemption (b) (6) of the Freedom of Information Act, 5 USC § 552, which protects information pursuant to personal privacy.

I am the official responsible for handling your request. You have the right to an appeal. It must be received within 90 calendar days from the date of this letter. Please attach a copy of your initial request and amended request, a copy of this letter, and mark the appeal letter and envelope "Freedom of Information Act Appeal." You are encouraged (though not required) to provide an explanation why you believe our search was inadequate. Please provide a copy of your appeal letter to us at Region Legal Service Office Europe Africa Southwest Asia, PSC 819 BOX 2, FPO AE 09645-2200. To ensure that your request is received by the deadline, I recommend that you make your appeal by using FOIAonline.

Alternatively, you may mail your appeal to:

The Judge Advocate General (Code 14)
1322 Patterson Avenue SE, Suite 3000,
Washington Navy Yard, DC 20374-5066

The fees associated with the processing of your request are waived in this instance. If you have any questions concerning this matter, please contact me by phone at +34 956-82-3104 or by e-mail at alexandria.wilson@eu.navy.mil. You may also contact the DON FOIA Public Liaison, Christopher Julka, at christopher.a.julka@navy.mil, (703) 697-0031.

Sincerely,

A. ALIANO
Lieutenant Commander, U.S. Navy
By direction of the Commanding Officer

Enclosures: 1. FFSC Counseling Records



Privacy Act Data Cover Sheet

DOCUMENTS ENCLOSED ARE SUBJECT TO THE PRIVACY ACT OF 1974

Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties. Deliver this/these document(s) directly to the intended recipient. **DO NOT** drop off with a third-party.

The enclosed document(s) may contain personal or privileged information and should be treated as "For Official Use Only." Unauthorized disclosure of this information may result in **CIVIL** and **CRIMINAL** penalties. If you are not the intended recipient or believe that you have received this document(s) in error, do not copy, disseminate or otherwise use the information and contact the owner/creator or your Privacy Act officer regarding the document(s). (DoD Directive 5400.11, "Department of Defense Privacy Program," May 8, 2007.)

DD FORM 2923, MAR 2009

Case: 369788

Client: Merrill, Amber T.

Printing the following forms:

Clinical Counseling Contact Note

Printed On: 10/30/2020 10:42:54 AM

The following non-native documents should be printed individually:

Merrill, Amber - demo/PA/RR

Record of Disclosure

PRIVACY ACT*This information is Privacy Act protected - SENSITIVE***Clinical Contact Note****Case Number 369788 Client Name: Merrill, Amber T.**

Contact Date: 6/21/2019			
Time Spent: 0		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 0	Family Members: 1	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes: Met individually with wife during course of marital counseling session. Provider assessed for safety for which wife denied having any thoughts of self harm, wishes to be dead or suicide. She continues to assert she wants to be left alone by husband today and that she has no time for herself. Provider encourages wife to make more specific requests of husband in regards to her need. Provider discusses wife's accountability toward verbalizing her needs and communicated with husband when she is ready to re engage. Provider discusses calming skills and differentiating what else could be overwhelming for her. Wife is asked her to think about and share one specific need with husband when couple was brought back together in session related to her request for space. Safety concerns were denied.			
Plan Status: Continue Treatment Plan			
Diagnostic Impression: Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES

Signature of Provider: (b)(6) Date of Signature: 6/25/2019

APPENDAGE NOTE

Number	Appendage Note	Provider's Name	Date
1	Entry meets time requirement as contact was held on Friday and note is committed on Tuesday, within 48 working hours.	(b)(6)	6/25/2019 7:37:00 AM

71207106

CLIENT DEMOGRAPHIC INFORMATION

Client Information (Person Receiving Services)

merrill Amber T (b)(6) [REDACTED] [REDACTED]
Last Name First Name MI SSN

Box 2457
Current Mailing Address City State Zip

Amber.merrill21@gmail.com
Email Address

Marital Status:

- ☒ Married
☐ Married/Dual Military
☐ Separated
☐ Divorced
☐ Widowed
☐ Single

Relationship to Sponsor :

- ☐ Parent
☐ Spouse
☐ Child
☐ Step Child
☐ Self
☐ Other: _____

Home Phone: _____

Work Phone: _____

Cell Phone: 757-701-1562

If Married, Marriage Date: _____

Gender: ☐ Male ☒ Female

(b)(6) (b)(6)
Spouse's Last Name First Name MI SSN

Your Date of Birth: 3/18/90

Your Spouse's Date of Birth: (b)(6)

Sponsor's Branch of Service:

- ☒ USN
☐ USNR
☐ USMC
☐ USA
☐ USAF
☐ USCG

Sponsor's Current Duty Status:

- ☒ Active Duty
☐ Activated Reserves
☐ Reserves
☐ Retired
☐ Federal Employee
☐ Contractor

Ethnicity: _____

Time in Service: 9yr.

(b)(6) 29 AUG 18
Command (Spell Out) Date Reported

Rate: (b)(6) Paygrade: (b)(6) PRD: MAR 21 EAOS: N/A

Date Returned from last Deployment: _____ Date of Next Deployment: _____

Family Information (if applicable)

Housing Status: ☒ On Base ☐ Off Base

Children Living in the Home:

(b)(6)
Name DOB EFMP: ☐ Yes ☐ No
(b)(6)
Name DOB EFMP: ☐ Yes ☐ No

**COUNSELING, ADVOCACY, AND PREVENTION SERVICES
FLEET AND FAMILY SUPPORT CENTER NAVY REGION Europe, Africa, Southwest Asia**

Privacy Act Statement and Acknowledgment

Information that you provide to the Fleet and Family Support Center (FFSC) will be treated in a sensitive manner by the FFSC and will be managed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a.

1. Legal Authority for Requesting Information From You: 5 U.S.C. Sect. 301, which allows Secretary of the Navy to make regulations for the Department of the Navy. One of these regulations, SECNAVINST 1754.1B, Department of the Navy, Fleet and Family Support Program (FFSP), established the Fleet and Family Support Centers (FFSC).

2. Principal Purpose for Which Your Information Will Be Used: The information you provide will help the Fleet and Family Support Center (FFSC) professional staff to assist you.

3. Routine Uses Which May Be Made of Your Information: In addition to using the information you give us for the "principal purpose" given above, your information may be used for one or more of the "routine uses" listed in the *Federal Register* notice for this system (including the blanket routine uses that are applicable to all Navy Privacy Act systems of records). This *Federal Register* notice is available here at the FFSC for you to see, if you wish, or at <http://privacy.navy.mil/>.

Four of the more important uses are:

- a. Disclosure to state and local government authorities in accordance with state and local laws requiring the reporting of suspected child abuse or neglect;
- b. Disclosure to the appropriate federal, state, local or foreign agency charged with enforcing a law, where FFSC records indicate that a violation of law may have occurred.
- c. Disclosure to certain foreign authorities in connection with international agreements, including status of forces agreements (SOFAs); and,
- d. Disclosure to the Department of Justice for litigation purposes.

4. Other Disclosure of Your Information: In addition to using the information you give us for the "principal purpose" and the "routine uses" given above, your information may be disclosed in certain or specific circumstances, as permitted by exemptions to the Privacy Act. These could include clearances, personnel reliability programs, law-enforcement programs, life-threatening situations, substance-abuse programs, child pornography, and family-abuse situations.

5. Disclosure is Voluntary: You need not disclose any information to us; however, failure to provide this information may hinder or prevent the FFSC staff from being able to assist you.

I have read and understand the above Important Notice and Privacy Act statement and the routine uses of the information which may be provided to me. My FFSC case manager has explained the contents of the Privacy Act statement to me.

Date 4/23

Amber merri
Print

Amber merri
Signature

Date 4/23

(b)(6)

Witness Signature

I am currently in the Personnel Reliability Program: Yes ☐ No ☒ N/A ☐
(If "Yes", complete and sign the Privacy Act Statement for Members on PRP form.)

Fleet and Family Support Center Navy Region EURAFSWA Statement of Client Rights and Responsibilities

People sometimes encounter difficult situations or crisis in their lives and often benefit from professional counseling services that are available at their Fleet and Family Support Center. Counseling contributes to personal readiness by providing the opportunity to develop problem-solving skills that can reduce stress in the workplace or in personal relationships. When you work with a counselor to address such concerns the following expectations are reasonable:

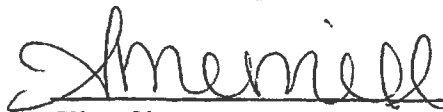
Client Responsibilities:

1. It is important that you attend and actively participate in each counseling session for the period of time upon which you and your counselor agree.
2. It is important that counseling appointments begin and end on time in order for counseling to be most effective for you, and to ensure other clients don't have to wait for their appointments.
3. If you are unable to attend a scheduled appointment or change your mind about further counseling it is important to give us as much notice as possible.
4. In order to assure success, it is necessary that you commit both time and effort to your goals.

Client Rights:

1. The right to receive quality care and assistance within the center's limits of service.
2. The right to be treated with respect and dignity regardless of race, culture, sex age, disability, creed, socioeconomic status, marital status, and military status.
3. The right to know the identity and professional status of individual(s) providing services.
4. The right to receive an explanation of the assistance being provided and to refuse assistance.
5. The right to limited confidentiality. While FFSC staff may disclose your communications as necessary to carry out the mission of the Family Advocacy Program (e.g., to an Incident Determination Committee, to law enforcement) your information will be protected against any disclosure that is not for an official purpose. The FFSC staff will explain the Privacy Act Statement and Acknowledgement so that you are fully informed about how your information will be used before you receive services.
6. The right to refuse to participate in any data collection for purpose of research or evaluation.
7. The right to be free of any sexual exploitation or harassment.
8. The right to review your own case record when you make a written request at least 24 hours in advance and conduct your review in the presence of a professional staff member. Access does not extend to confidential material provided to the center by other agencies.
9. The right to lodge a grievance if you have reason to believe your rights have been violated. A grievance may be lodged by contacting the FFSC Site Manager either in writing or verbally. A prompt response is guaranteed.

My rights and responsibilities have been explained to me and I have received a copy:



Client Signature

4/23/19

Date

RECORD OF DISCLOSURE	
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**UNAUTHORIZED DISCLOSURE OF PERSONAL INFORMATION FROM THIS
RECORD COULD SUBJECT THE USER TO CRIMINAL PENALTIES**

1. This sheet is to remain a permanent part of the record described below.
2. Any entry must be made each time the record or any information from the record is viewed by, or furnished to any person or agency, other than the subject of the record, except:
 - a. Disclosure to DoD or DON personnel having a need to know in the performance of their official duties.
 - b. Disclosure of items in paragraphs 13b(2)(e) and (f) of SECNAVINST 5211.5 series.

TITLE & DESCRIPTION OF RECORD #369788

[illegible]



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DD FORM 2923, MAR 2009

Case: 379427

Client: Merrill, Amber T.

Printing the following forms:

Administrative Note
Administrative Note
Clinical Counseling Contact Note
Clinical Counseling Contact Note
Clinical Counseling Contact Note
Administrative Note
Administrative Note
Administrative Note

Printed On: 8/21/2020 4:25:10 AM

The following non-native documents should be printed individually:

Merrill, Amber - demo/PA/RR
Record of Disclosure

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Administrative Note****Case Number 379427 Client Name: Merrill, Amber T.**

Contact Date: 5/27/2020	Appointment Administration: Not applicable
Provider's Name: (b)(6) (b)(6)	Administrative Notes: No response from client regarding services via telephone that were offered. Case will be closed due to no contact. Discharge planning was discussed at initial session and in individual sessions in preparation for the client PCSing back to the States.

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 5/27/2020

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Administrative Note****Case Number 379427 Client Name: Merrill, Amber T.**

Contact Date: 4/14/2020	Appointment Administration: Not applicable
Provider's Name: (b)(6) [REDACTED]	Administrative Notes: Called client to follow-up on how she was doing. No response from two prior emails. No answer and brief message left for client.

SIGNATURES**Signature of Provider:** (b)(6) [REDACTED] **Date of Signature:** 4/14/2020

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Clinical Contact Note**Case Number 379427 Client Name: Merrill, Amber T.**

Contact Date: 3/10/2020			
Time Spent: 1		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 0	Family Members: 1	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes:			
Client stated she saw the psychiatrist and started Zoloft; she feels wonderful in comparison to before.			
Client presented with euthymic mood congruent with affect. She was dressed casually in civilian clothes. She was oriented times four.			
Client presented for an individual session since she and spouse decided to separate. Client stated that she finally had her BH eval with (b)(6), as discussed and recommended in previous couples counseling episode. Client reported that she was prescribed Zoloft and already reported feeling in increase in her ability to manage her emotions and a decrease in her anxiety. Client and counselor discussed her experience of seeing the psychiatrist and her feeling further validated that she was in an emotionally abusive or unhealthy relationship. Client and counselor discussed her progress on working on herself and how some of her beliefs, including negative self-talk are decreasing due to these changes. Client reported she continues to notice her improvements when she practices "self-care," including journaling, reading and doing homework. Client and counselor discussed how she will continue to do this when back in the States, including what boundaries with her spouse and childcare responsibilities will look like. Client and counselor discussed aftercare plan support, including accessing FFSC in Virginia, seeking legal counsel on child custody concerns and her rights, as well as discussing if she needs victim advocacy support for herself or the children when she gets to the States to access FAP VA services at FFSC. These services will be temporary due to SM spouse being separated from the Navy. Client plans on working and hopes to apply for a Federal Job; she is enrolled to take part in a spouse employment event at FFSC.			
Client will return for an individual session on Thursday, March 19th at 1500.			
Plan Status:			
Continue Treatment Plan			
Diagnostic Impression:			
Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES
Signature of Provider: (b)(6) **Date of Signature:** 3/10/2020

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Clinical Contact Note**Case Number 379427 Client Name: Merrill, Amber T.**

Contact Date: 2/27/2020			
Time Spent: 0.75		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 0	Family Members: 0	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 0	
Type of Counseling Group:		Type of Session: Individual	
Session Notes:			
Client stated she feels like shes been doing okay and dealing better with her spouse since the decision to separate.			
Client presented with euthymic mood congruent with affect. She was dressed casually in civilian clothes. She was oriented times four.			
Client presented for an individual session since she and spouse decided to separate. Client stated that she still feels conflicted about separating and feels that her spouse does not believe they really will separate. Client reported that her spouse continues to believe that there is not a problem with him drinking, but client discussed continued trust issues, including around his ability to parent when alcohol is active in his life. Client and counselor discussed her continued work on herself and she will work for what she wants in her life. Client stated she feels she continues to need help maintaining boundaries with her spouse and others. Client and counselor discussed continuing in individual with this writer till she leaves later in April.			
Client will return for an individual session on Thursday, March 5th at 1130.			
Plan Status:			
Continue Treatment Plan			
Diagnostic Impression:			
Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 3/6/2020**APPENDAGE NOTE**

Number	Appendage Note	Provider's Name	Date
1	Note committed late. Client seen on a Thursday and note due Monday (due to RDO on Friday); FFSMIS down and delayed entry of all notes.	(b)(6)	3/6/2020 9:03:00 AM

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Clinical Contact Note**Case Number 379427 Client Name: Merrill, Amber T.**

Contact Date: 2/19/2020			
Time Spent: 1		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 0		Family Members: 1	
Federal Civil Servants: 0		Civilians: 0	
		Non-Beneficiaries: 0	
		Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes: Client stated she told her spouse not to come; he doesn't think he needs counseling and I told him I want a separation anyways so why should he come. Client presented with euthymic mood congruent with affect. She was dressed casually in civilian clothes. She was oriented times four. Client presented for a couple's session without her spouse. Client stated that she came to the realization that she wanted to separate from her spouse after he informed her he thinks he can drink and will drink when they return stateside. Client and counselor discussed what this meant to her and her relationship due to the spouse's history of alcohol dependence, trouble he got in for neglecting the children due to alcohol and being separated from the Navy due to being a tx failure from alcohol. Client and counselor discussed the problem alcohol played in the relationship and how the spouse treated the client. Client and counselor discussed how this reverting back to old behaviors worried her and did not want her to go back to being dependent on her spouse while also having to manage everything and not be able to manage herself and live a more productive happy life. Client and counselor discussed her plan and how this will be different and difficult at times, but if it is what she wants she will work for it. Client stated she feels she needs help maintaining boundaries with her spouse and others. Client and counselor discussed continuing in individual with this writer till she leaves later in March. Client will return for an individual session on Thursday, FEB 27th 1130.			
Plan Status:			
Continue Treatment Plan			
Diagnostic Impression:			
Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES**Signature of Provider:** (b)(6)**Date of Signature:** 2/21/2020

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Administrative Note****Case Number 379427 Client Name:** Merrill, Amber T.

Contact Date: 1/24/2020	Appointment Administration: Not applicable
Provider's Name: (b)(6) (b)(6)	Administrative Notes: Counselor emailed client to follow-up if she decided to seek out a medication eval or appointment with her PCP at USNH. Counselor offered to do a written referral if she secured an appt with the psychiatrist or (b)(6) for counseling at BH.

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 1/24/2020

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Administrative Note****Case Number 379427 Client Name: Merrill, Amber T.**

Contact Date: 10/8/2019	Appointment Administration: Not applicable
Provider's Name: (b)(6) (b)(6)	Administrative Notes: Client emailed counselor stating she was trying to take the rotator back to Spain. She reported she has not heard from her spouse and is worried things in the marital relationship will be worse when she returns. Client asked for an appointment when she gets back. Counselor replied with her availability for early next week. Counselor reiterated if safety was a concern when she returned to call counselor at the office to safely plan for herself and her children. Safety is a concern regarding her husband's past alcohol use and child neglect FAP related case.

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 10/8/2019

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Administrative Note****Case Number 379427 Client Name:** Merrill, Amber T.

Contact Date: 10/1/2019	Appointment Administration: Not applicable
Provider's Name: (b)(6) (b)(6)	Administrative Notes: Followed up with client. She returned to the states on 9/20/19 and is not sure when she will be back in Rota. She reported uncertainty in the relationship and honesty of her spouse with regard to his sobriety. She will follow-up with counselor upon return.

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 10/4/2019

RECORD OF DISCLOSURE

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TITLE & DESCRIPTION OF RECORD # 379427

[illegible]

379427

CLIENT DEMOGRAPHIC INFORMATION

Client Information (Person Receiving Services)

merrill Amber T (b)(6)
Last Name First Name MI SSN

819 Box 2457 FPO AE 09645
Current Mailing Address City State Zip

Amber.merrill21@gmail.com
Email Address

Marital Status:

- ☒ Married
☐ Married/Dual Military
☐ Separated
☐ Divorced
☐ Widowed
☐ Single

Relationship to Sponsor :

- ☒ Parent
☐ Spouse
☐ Child
☐ Step Child
☐ Self
☐ Other: _____

Home Phone: 727-4203

Work Phone: _____

Cell Phone: 41-757-701-1563

If Married, Marriage Date: 2015

Gender: ☐ Male ☒ Female

(b)(6) (b)(6) (b)(6) (b)(6)
Spouse's Last Name First Name MI SSN

Your Date of Birth: 3/18/90 Your Spouse's Date of Birth: (b)(6)

Sponsor's Branch of Service:

- ☒ USN
☐ USNR
☐ USMC
☐ USA
☐ USAF
☐ USCG

Sponsor's Current Duty Status:

- ☒ Active Duty
☐ Activated Reserves
☐ Reserves
☐ Retired
☐ Federal Employee
☐ Contractor

Ethnicity: Mixed

Time in Service: 9yr

(b)(6) 31AUG19
Command (Spell Out) Date Reported

Rate: (b)(6) Paygrade: (b)(6) PRD: MAR21 EAOS: N/A

Date Returned from last Deployment: FEB19 Date of Next Deployment: UNK

Family Information (if applicable)

Housing Status: ☒ On Base 918 Granada Ave ☐ Off Base

Children Living in the Home:

(b)(6) (b)(6) (b)(6)
Name DOB EFMP: ☐ Yes ☒ No
(b)(6) (b)(6) (b)(6)
Name DOB EFMP: ☐ Yes ☒ No

COUNSELING, ADVOCACY, AND PREVENTION SERVICES
FLEET AND FAMILY SUPPORT CENTER NAVY REGION Europe, Africa, Southwest Asia

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I have read and understand the above Important Notice and Privacy Act statement and the routine uses of the information which may be provided to me. My FFSC case manager has explained the contents of the Privacy Act statement to me.

Date 9/5

Amber Merrill

J. Merrill
Signature

Date 9/5/19

(b)(6)

I am currently in the Personnel Reliability Program: Yes ☐ No ☒ N/A ☐
(If "Yes", complete and sign the Privacy Act Statement for Members on PRP form.)

Fleet and Family Support Center Navy Region EURAFSWA Statement of Client Rights and Responsibilities

People sometimes encounter difficult situations or crisis in their lives and often benefit from professional counseling services that are available at their Fleet and Family Support Center. Counseling contributes to personal readiness by providing the opportunity to develop problem-solving skills that can reduce stress in the workplace or in personal relationships. When you work with a counselor to address such concerns the following expectations are reasonable:

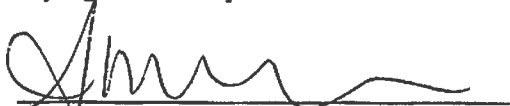
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2. The right to be treated with respect and dignity regardless of race, culture, sex age, disability, creed, socioeconomic status, marital status, and military status.
3. The right to know the identity and professional status of individual(s) providing services.
4. The right to receive an explanation of the assistance being provided and to refuse assistance.
5. The right to limited confidentiality. While FFSC staff may disclose your communications as necessary to carry out the mission of the Family Advocacy Program (e.g., to an Incident Determination Committee, to law enforcement) your information will be protected against any disclosure that is not for an official purpose. The FFSC staff will explain the Privacy Act Statement and Acknowledgement so that you are fully informed about how your information will be used before you receive services.
6. The right to refuse to participate in any data collection for purpose of research or evaluation.
7. The right to be free of any sexual exploitation or harassment.
8. The right to review your own case record when you make a written request at least 24 hours in advance and conduct your review in the presence of a professional staff member. Access does not extend to confidential material provided to the center by other agencies.
9. The right to lodge a grievance if you have reason to believe your rights have been violated. A grievance may be lodged by contacting the FFSC Site Manager either in writing or verbally. A prompt response is guaranteed.

My rights and responsibilities have been explained to me and I have received a copy:


Client Signature

9/5/19
Date



Privacy Act Data Cover Sheet

DOCUMENTS ENCLOSED ARE SUBJECT TO THE PRIVACY ACT OF 1974

Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties. Deliver this/these document(s) directly to the intended recipient. **DO NOT** drop off with a third-party.

The enclosed document(s) may contain personal or privileged information and should be treated as "For Official Use Only." Unauthorized disclosure of this information may result in **CIVIL** and **CRIMINAL** penalties. If you are not the intended recipient or believe that you have received this document(s) in error, do not copy, disseminate or otherwise use the information and contact the owner/creator or your Privacy Act officer regarding the document(s). (DoD Directive 5400.11, "Department of Defense Privacy Program," May 8, 2007.)

DD FORM 2923, MAR 2009

Case: 384571

Client: Merrill, Amber T.

Printing the following forms:

Treatment Summary
Clinical Counseling Contact Note
Clinical Counseling Contact Note
Clinical Counseling Contact Note
Administrative Note
Clinical Counseling Contact Note
Administrative Note
Treatment Plan
Clinical Counseling Contact Note
Initial Assessment Note

Printed On: 8/21/2020 4:11:58 AM

The following non-native documents should be printed individually:

Merrill, Amber - demo/PA/RR
Disclosure

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Treatment Summary****Case Number 384571 Client Name:** Merrill, Amber T.

Date: 1/3/2020	Number of Sessions: 6
Reason for Closure: Completed Treatment Plan	
ASSESSED PROGRESS TOWARDS GOALS	
Clinician Perspective: 4	Notes for Clinician's Perspective Rating: Client demonstrated consistent progress toward her treatment goals throughout the course of counseling. Client utilized counseling to reflected on and process her relationship with men and history of abandonment. Client identified values and personal interests and began practicing activities that help her achieve her goals. Client began practicing self compassion and explored her personal internal and external motivators. Client appears prepared and capable of working toward her goals independently.
Client's Self-Rating: 4	Notes for client's Sif Rating: Client provided a self rating of 4.5/5 and shared that she feels she made significant progress toward her treatment goals and developed a deeper understanding of what changes she would like to make in her life and what values are important to her. Client reports feeling ready to work toward her goals independently.

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 1/3/2020

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Clinical Contact Note**Case Number 384571 Client Name:** Merrill, Amber T.

Contact Date: 1/2/2020			
Time Spent: 1		Type of Contact:	
Contacts Seen:			
Uniform Service Members: 0	Family Members: 0	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 0	
Type of Counseling Group:		Type of Session:	
Session Notes:			
Subject- Client presented to counseling to process a recent conflict between she and her husband and her hopes/fears about their future together. Clinician utilized reflective listening and motivational interviewing to engage the client.			
Observation- Client presented on time for scheduled follow up individual counseling appointment. Client was appropriately groomed and dressed in civilian clothing. Client was oriented x4 with sullen mood and behavior with congruent affect. Client was intermittently tearful during session.			
Assessment- Client provided update regarding STSF treatment goals and objectives since last session. Client presents as tearful this afternoon, expressing feelings of disappointment, sadness and frustration. Client shares that she and her husband got into an argument this past week where she felt he was insulting. Client reports that husband put down her recent modeling endeavor and repeatedly reminded her that she is not a model. Client reflected on her husband's words and what she found to be most upsetting/hurtful about what was said. Client displayed insight as she discussed her desire for acceptance and approval from herself and others and how upsetting it is when the person closest to her is judgmental and critical of her behavior and capabilities. Clinician provided support as client discussed what helped her cope with this situation. Client identifies working out, talking with her friend, journaling, and focusing her attention on what is within her control as activities/techniques that she found helpful. Client states that she was able to express her feelings and needs to her husband this past week and that she plans on further processing what occurred in couples counseling next week. Clinician and client reflected on the progress client has made toward her treatment goals thus far. Throughout the course of counseling client has reflected on her relationship with men and history of abandonment. Client identified values and personal interests and began practicing activities that help her achieve her goals. Client began practicing self compassion and explored her personal internal and external motivators.			
Plan: Clinician and client reviewed the treatment plan and goals and reflected on client's progress thus far. Client will continue to work toward her identified goals independently.			
Plan Status:			
Continue Treatment Plan			
Diagnostic Impression:			
Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 1/3/2020

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Clinical Contact Note**Case Number 384571 Client Name:** Merrill, Amber T.

Contact Date: 12/26/2019			
Time Spent: 1		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 0	Family Members: 1	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes:			
<p>Subject- Client presented to counseling to process the range of emotions she has experienced this past week along with her feelings regarding the shift in the dynamic between she and her husband. Clinician utilized reflective listening and motivational interviewing to engage the client.</p> <p>Observation- Client presented on time for scheduled follow up individual counseling appointment. Client was appropriately groomed and dressed in civilian clothing. Client was oriented x4 with normal mood and behavior with congruent affect. Client was high energy and optimistic throughout session. Client verbally participated in and remained engaged in session.</p> <p>Assessment- Client reported update regarding STSF treatment goals and objectives since last session. Client presents today with an improved mood and is talkative, optimistic and high energy. Client attributes the change in her mood to feeling more confident about her physical appearance and about the progress she has recently made toward her certification as a fitness instructor. Clinician and client again discussed (external and internal) factors that motivate client and positively impact her mood. Client identifies the satisfaction she gets out of reaching her goals as an internal motivator. Client spent time reflecting on her relationship with her husband. Client shares that she and her husband have been doing well and that she is learning to adjust to some of the changes that have occurred with regard to the dynamics/roles in the relationship. Clinician provided reflective listening and support as client discussed how her current role in the household/ their relationship is different now that her husband is sober. Clinician and client revisited the topics of self compassion/self acceptance which client had initially identified as values she "needed" in her life. Client shares that she feels she has made progress toward reaching these goals and reports that the literature/psychoeducation from the self compassion workbook has been beneficial. Client misplaced last week's chapter and was provided with another copy for this week's homework which focuses on critical versus compassionate self talk.</p> <p>Plan: Clinician and client reviewed the treatment plan and goals, which remains unchanged at this time. Client will be contacting this clinician to schedule follow up appointment.</p>			
Plan Status:			
Continue Treatment Plan			
Diagnostic Impression:			
Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES
Signature of Provider: (b)(6) **Date of Signature:** 12/30/2019

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Clinical Contact Note****Case Number 384571 Client Name: Merrill, Amber T.**

Contact Date: 12/17/2019			
Time Spent: 1		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 0	Family Members: 1	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes:			
Subject- Client presented to counseling to process recent feelings of unhappiness. Clinician utilized empathy, reflective listening, and MI to engage the client.			
Observation- Client presented on time for scheduled follow up individual counseling appointment. Client was appropriately groomed and dressed in civilian clothing. Client was oriented x4 with depressed mood and congruent affect. Client was tearful, at times, during session. Client verbally participated in and remained engaged in session.			
Assessment- Client reported update regarding STSF treatment goals and objectives since last session. Client reports that for the past two weeks she has been more irritable, tearful, and depressed. Client shares that activities which previously have improved her mood, ie) exercising, shopping, time with children, talking with husband or best friend , are now ineffective. Client has been trying to engage in these activities regardless but feels discouraged when her mood does not change. Clinician provided support as client processed some the emotions and thoughts she has been experiencing. Client also discussed some of the events that have occurred in this past year and how she has coped with them. Client displayed insight as she discussed how she could potentially just now be allowing herself to experience some of the pain she has been suppressing. When asked to rate her mood today from a 1-10 (1 being the lowest) client places herself at a 4. Client shares that she likes to feel at a 9 or a 10 and that is why having this dip in her mood for a full week has been difficult for her to cope with. Clinician and client discussed re-framing techniques and adjustments that can be made to her goal of feeling at a 9 or 10. Clinician provided client with chapter 3 of the self compassion workbook and discussed the benefit of giving herself compassion for the range of emotions that she has been experiencing.			
Plan: Clinician and client reviewed the treatment plan and goals, which remains unchanged at this time. Follow up scheduled for 12/26/19 @ 1100.			
Plan Status:			
Continue Treatment Plan			
Diagnostic Impression:			
Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 12/18/2019

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Administrative Note****Case Number 384571 Client Name:** Merrill, Amber T.

Contact Date: 12/11/2019	Appointment Administration: Cancelled
Provider's Name: (b)(6)	Administrative Notes: Client called to cancel her appointment scheduled for today due to babysitter's illness. Client will be contacting this clinician to reschedule.

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 12/11/2019

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Clinical Contact Note**Case Number 384571 Client Name:** Merrill, Amber T.

Contact Date: 12/5/2019			
Time Spent: 1		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 0	Family Members: 1	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes:			
Subject- Client presented to counseling to work on personal goals and discuss path towards self acceptance/self compassion. Clinician utilized empathy, reflective listening, and MI to engage the client.			
Observation- Client presented on time for scheduled follow up individual counseling appointment. Client was appropriately groomed and dressed in civilian clothing. Client was oriented x4 with calm mood and congruent affect. Client verbally participated in and remained engaged in session.			
Assessment- Client reported update regarding STSF treatment goals and objectives since last session. Client reported that she has been experiencing increased stress this past week as a result of holiday obligations and school work. Client shares that she has been working out almost every morning which helps manage the stress and supports her self esteem/desire for self acceptance. Client states that her time at the gym and the time she spends with her children/progress as a mother are both internally motivated activities as they make her feel good about herself and provide her with internal peace. Client shares that her relationship with social media can be externally motivated as she seeks approval/acceptance from others. Clinician provided support as client processed some of her feels related to the difficulty she has been having with her school work. Client reports that when she struggles with an assignment she begins to feel badly about herself and question her ability to succeed. Client reports that she read the first chapter in self compassion workbook and that she found the information helpful. Client is interested in some of the activities available in the workbook and was provided with an additional homework assignment.			
Plan: Clinician and client reviewed the treatment plan and goals, which remains unchanged at this time. Follow up scheduled for 12/11/19 @ 1230.			
Plan Status:			
Continue Treatment Plan			
Diagnostic Impression:			
Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES

Signature of Provider: (b)(6) Date of Signature: 12/6/2019

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Administrative Note****Case Number 384571 Client Name: Merrill, Amber T.**

Contact Date: 12/3/2019	Appointment Administration: Cancelled
Provider's Name: (b)(6)	Administrative Notes: Client called to cancel her appointment yesterday 12/2, same day cancellation. Client asked to reschedule and was provided with this clinician's availability.

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 12/3/2019

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Treatment Plan****Case Number 384571 Client Name: Merrill, Amber T.****Date Completed: 11/25/2019****Behavioral Goals/Objectives:**

Client identified she would like to . Clinician utilized motivational interviewing, support, and validation of feelings to engage the client.

Goals/Objectives.

- Client will identify individual life goals.
- Client will demonstrate a knowledge of internal versus external motivators
- Client will practice exercises that support identified need of self-acceptance, autonomy, friendship, and self esteem.
- Client will utilize session to process feelings related to history of abandonment and relationships with men.

Recommended Interventions:

- Clinician will provide a safe, comfortable environment for exploration of goals and processing of feelings related to history of abandonment
- Clinician will provide psychoeducation on exercises that enhance one's relationship with self
- Clinician will provide psychoeducation on attachment theory as client explores relationship patterns with men
- Clinician will assign homework, as needed.

Recommended Referrals:

In-House FFSC:	External Military:	External Civilian:	Tri-Care:
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SIGNATURES

Signature of Provider: (b)(6) **Date of Signature:** 11/25/2019

APPENDAGE NOTE

Number	Appendage Note	Provider's Name	Date
1	Goal edit: Client would like to develop a mutually developed STSF treatment plan to work on personal goals, process feelings of abandonment from childhood, and work towards self acceptance	(b)(6)	12/6/2019 2:32:00 AM

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Clinical Contact Note**Case Number 384571 Client Name:** Merrill, Amber T.

Contact Date: 11/21/2019			
Time Spent: 1		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 0	Family Members: 1	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes: <p>Subject- Client presented to counseling today to create a mutually developed STSF treatment plan to work on personal goals, process feelings of abandonment from childhood, and work towards self acceptance.. Clinician utilized motivational interviewing, support, and validation of feelings to engage the client.</p> <p>Observation- Client presented on time for her scheduled appointment and was appropriately groomed and dressed in civilian clothing. Client was oriented x4 with an energetic mood and congruent affect for the range of topics discussed. Client verbally participated in session and appeared invested in the creation of the mutually developed STSF treatment plan.</p> <p>Assessment- Clinician utilized session to create a mutually developed STSF treatment plan; purpose and intent of the treatment planning process was reviewed. Client shared that in the past several weeks she has been trying to focus on her individual growth. Client reports feeling disconnected from friends. Client shares that she struggles with self acceptance and often needs validation from others. Clinician and client discussed internal motivators versus external motivators. Clinician utilized the value chart which allowed for client to identify which values she feels she currently has, which she wants, and which she feels like she needs at this time. In addition to self acceptance, client identified friendship, achievement, autonomy and self esteem as areas of need. This week client will be exploring which activities, exercises, and relationships make her feel she is making progress toward her "needs". The treatment plan is based on research/clinical practice guidelines which are then matched with the client's assessment needs, and age/developmental level.</p> <p>Plan- The treatment plan is periodically reviewed in case consultation and during each session with the client for concurrence. Any changes to the treatment plan are based on therapeutic progress and updated in FFISMIS based on implementation, identified treatment goals, issues and needs of the client and frequency and intensity of services provided. Next appointment scheduled with client for 12/2/19 @ 1130.</p>			
Plan Status:			
Continue Treatment Plan			
Diagnostic Impression:			
Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES
Signature of Provider: (b)(6) **Date of Signature:** 11/25/2019

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Initial Assessment

Case Number 384571 Client Name: Merrill, Amber T.

Contact Date: 11/8/2019	Clinical Provider: (b)(6)
Time Spent: 1.5	Type of Contact: In Person
Contacts Seen: Uniform Service Members: 0 Family Members: 1 Non-Beneficiaries: 0 Federal Civil Servants: 0 Civilians: 0 Total Contacts Seen: 1	
Type of Session: Individual	Deployment Related: No
Are you or the sponsor on Active Duty	Your/Sponsor's Deployment Status
Yes	N.A.
Privacy Act Explained: Yes	Explanation:
Mandatory Reporting Requirement Explained: Yes	Client's Questions Regarding Informed Consent: Client did not have questions regarding informed consent.
Client(s) Consent to Participate: Yes	Explanation:
Copy of Client's Rights and Responsibilities: Yes	Explanation:
Content of Assessment: Clinician and client reviewed the intake paperwork. Clinician reviewed client rights and responsibilities for services, the Privacy Act, the expectations and roles in counseling, and the limits of confidentiality; discussed role of mandated reporter, as well as restricted and unrestricted reporting options. Client was given the opportunity to ask questions and stated understanding for the forms signed. Clinician used the below format as the assessment tool for this initial assessment note: Clinician referred to previously submitted assessment completed by (b)(6) 4/2019 for some of the following information. Referral: Client is self-referred for individual counseling. Demographics: Client is a 29 year old biracial married female, dependent spouse. Husband/spouse is currently awaiting administrative separation due to ARI/substance abuse treatment failure. Time left in Spain for client and family is unknown at this time. Client shares that she and the family might be returning to VA within the next two months. Marital Status: Client and spouse have been married 5 years and have two children together, a 5 year old daughter and 2 year old son. Personal history: Client reports that she is from the Norfolk area and grew up attached to the Navy. She reports that she was stationed here in Rota as a kid and had good memories here. Client was born to her biological mother and father and has one brother who is 6 years older than her. Client's parents broke up and her biological father was no longer in her life from age 5. Client's mother remarried her stepfather when she was around 11 years old. Client reports having a contentious relationship with her mother and stepfather throughout her adolescence. Client reports that her parents were somewhat religious and that she currently practices Catholicism and considers her faith to be a source of strength. Client reports that in recent years her relationship with her family members has improved and that she speaks with them regularly. Domestic Violence/Child Abuse: Client denies any DV/IP in her current marriage and in past relationships. Child Abuse: Client made a report to FAP last year and a FAP Case was opened (now closed). Client went out on a Sunday afternoon with friends and left her kids w/ her husband and when she got back about 6 hours later her husband was completely drunk with the kids and her son had a mark on his forehead. Client reports that her husband has been an alcoholic for a long time and just recently returned from inpatient services in London. Medical/Mental Health: Client denied having any significant medical concerns presently or historically. Client denies any MH issues presently and historically and does not present w/ any readily during this initial session. Client and spouse are currently engaged in couples counseling. Client previously received individual counseling as recommended by FAP Case manager April of 2019. Alcohol/Drugs: Client denies any presence or history of drug/alcohol abuse. Client reports that she drinks occasionally – usually out with friends or wine with dinner but does not like to be drunk. Suicidal/Homicidal: Client denied having any SI/HI presently or historically. Internet gaming hx: Client reports that she does not have any problems w/ this. Criminal Hx/Legal involvement: Client reports that she does not have any criminal or legal issues. Current Stressors/Presenting Problem: Client shares that she would like to improve her relationship with herself and with others in her life. Client reports that she has struggled with self esteem/self acceptance and that she would like to process this in counseling and develop tools to work on these specific areas. Client would also like to establish goals and work on	

making and maintaining healthy relationships with others.

Length of the Problem: Client reports that she has lacked self-acceptance for as long as she can remember.

Assessment: A standardized assessment protocol was used in conducting the assessment and included consideration for associated issues to include age, developmental level of functioning, ethnicity, language, and cultural issues. Client arrived on time for initial session and was dressed in civilian clothing. Client was oriented x4 and presented in a calm mood with congruent affect for with the range of topics discussed throughout the assessment. Client was talkative, expressive, and demonstrated self awareness. Client showed no impairment to her recent or remote memory at this time. Client made appropriate eye contact and speech patterns and volume within normal limits. Client was able to articulate her thoughts appropriately and was engaged in this initial assessment. Clinician worked on building rapport with the client and validated reported feelings. The clinician and client discussed client's concerns, communication skills, current self care practices, overall goals and motivation to make change. Clinician and client utilized a value board to identify what values client feels she currently has, which she wants, and what values she needs in her life. Client appeared interested in maintaining services at this time and motivated for treatment.

Recommendations/Aftercare/Referral: Client appears to be motivated for services and her reported needs are appropriate for FFSC's scope of services with Brief Solution Focused therapy. FFSC services are anticipated to be 4-8 sessions in length and last for 2-3 months. Clinician initiated discussion about termination process which will be reviewed throughout course of counseling, to included use of up to 12 sessions, after care planning, and case closure if there has been no contact for 30 days. Client is scheduled to return to counseling on 11/20/19 @ 1130. Clinician reviewed other services on base to include Behavioral Health, the Chaplain and Military One Source. Clinician offered to provide any other resources or referrals if needed in the future.

Diagnostic Impression

Other Conditions that may be focus of Clinical Attention:

- Problems Related to Other Psychosocial, Personal and Environmental Circumstances: Unspecified Problem Related to Unspecified Psychosocial Circumstances

Adjustment Disorders:

Rule Out Diagnosis:

SIGNATURES

Signature of Provider: (b)(6) Date of Signature: 11/12/2019

CLIENT DEMOGRAPHIC INFORMATION

Client Information (Person Receiving Services)

Merrill Amber T (b)(6)
 Last Name First Name MI SSN

PO PSC 819 Box 2457 FPO AE 09645
 Current Mailing Address City State Zip

Amber.merrill121@gmail.com
 Email Address

Marital Status:

- ☒ Married
- ☐ Married/Dual Military
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Single

Relationship to Sponsor:

- ☐ Parent
- ☒ Spouse
- ☐ Child
- ☐ Step Child
- ☐ Self
- ☐ Other: _____

Home Phone: _____

Work Phone: _____

Cell Phone: ⁴¹ 757-701-1562

If Married, Marriage Date: 2015

Gender: ☐ Male ☒ Female

(b)(6)
 Spouse's Last Name First Name MI

(b)(6)
 SSN

Your Date of Birth: _____

Your Spouse's Date of Birth (b)(6)

Sponsor's Branch of Service:

- ☒ USN
- ☐ USNR
- ☐ USMC
- ☐ USA
- ☐ USAF
- ☐ USCG

Sponsor's Current Duty Status:

- ☒ Active Duty
- ☐ Activated Reserves
- ☐ Reserves
- ☐ Retired
- ☐ Federal Employee
- ☐ Contractor

Ethnicity: White

Time in Service: 9 yr

(b)(6)

Command (Spell Out)

Date Reported

Rate: (b)(6) Paygrade: _____ PRD: _____ EAOS: _____

Date Returned from last Deployment: _____ Date of Next Deployment: _____

Family Information (if applicable)

Housing Status: ☒ On Base ☐ Off Base

Children Living in the Home:

(b)(6)

EFMP: ☐ Yes ☐ No

(b)(6)

EFMP: ☐ Yes ☐ No

Name DOB

COUNSELING, ADVOCACY, AND PREVENTION SERVICES
FLEET AND FAMILY SUPPORT CENTER NAVY REGION Europe, Africa, Southwest Asia

Privacy Act Statement and Acknowledgment

Information that you provide to the Fleet and Family Support Center (FFSC) will be treated in a sensitive manner by the FFSC and will be managed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a.

1. **Legal Authority for Requesting Information From You:** 5 U.S.C. Sect. 301, which allows Secretary of the Navy to make regulations for the Department of the Navy. One of these regulations, SECNAVINST 1754.1B, Department of the Navy, Fleet and Family Support Program (FFSP), established the Fleet and Family Support Centers (FFSC).

2. **Principal Purpose for Which Your Information Will Be Used:** The information you provide will help the Fleet and Family Support Center (FFSC) professional staff to assist you.

3. **Routine Uses Which May Be Made of Your Information:** In addition to using the information you give us for the "principal purpose" given above, your information may be used for one or more of the "routine uses" listed in the *Federal Register* notice for this system (including the blanket routine uses that are applicable to all Navy Privacy Act systems of records). This *Federal Register* notice is available here at the FFSC for you to see, if you wish, or at <http://privacy.navy.mil/>.

Four of the more important uses are:

- a. Disclosure to state and local government authorities in accordance with state and local laws requiring the reporting of suspected child abuse or neglect;
- b. Disclosure to the appropriate federal, state, local or foreign agency charged with enforcing a law, where FFSC records indicate that a violation of law may have occurred.
- c. Disclosure to certain foreign authorities in connection with international agreements, including status of forces agreements (SOFAs); and,
- d. Disclosure to the Department of Justice for litigation purposes.

4. **Other Disclosure of Your Information:** In addition to using the information you give us for the "principal purpose" and the "routine uses" given above, your information may be disclosed in certain or specific circumstances, as permitted by exemptions to the Privacy Act. These could include clearances, personnel reliability programs, law-enforcement programs, life-threatening situations, substance-abuse programs, child pornography, and family-abuse situations.

5. **Disclosure is Voluntary:** You need not disclose any information to us; however, failure to provide this information may hinder or prevent the FFSC staff from being able to assist you.

I have read and understand the above Important Notice and Privacy Act statement and the routine uses of the information which may be provided to me. My FFSC case manager has explained the contents of the Privacy Act statement to me.

Date 11/20

Amber Merrill


Signature

Date 11/20/19

(b)(6)

I am currently in the Personnel Reliability Program: Yes ☐ No ☐ N/A ☒
(If "Yes", complete and sign the Privacy Act Statement for Members on PRP form.)

Fleet and Family Support Center Navy Region EURAFSWA Statement of Client Rights and Responsibilities

People sometimes encounter difficult situations or crisis in their lives and often benefit from professional counseling services that are available at their Fleet and Family Support Center. Counseling contributes to personal readiness by providing the opportunity to develop problem-solving skills that can reduce stress in the workplace or in personal relationships. When you work with a counselor to address such concerns the following expectations are reasonable:

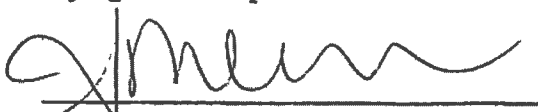
Client Responsibilities:

1. It is important that you attend and actively participate in each counseling session for the period of time upon which you and your counselor agree.
2. It is important that counseling appointments begin and end on time in order for counseling to be most effective for you, and to ensure other clients don't have to wait for their appointments.
3. If you are unable to attend a scheduled appointment or change your mind about further counseling it is important to give us as much notice as possible.
4. In order to assure success, it is necessary that you commit both time and effort to your goals.

Client Rights:

1. The right to receive quality care and assistance within the center's limits of service.
2. The right to be treated with respect and dignity regardless of race, culture, sex age, disability, creed, socioeconomic status, marital status, and military status.
3. The right to know the identity and professional status of individual(s) providing services.
4. The right to receive an explanation of the assistance being provided and to refuse assistance.
5. The right to limited confidentiality. While FFSC staff may disclose your communications as necessary to carry out the mission of the Family Advocacy Program (e.g., to an Incident Determination Committee, to law enforcement) your information will be protected against any disclosure that is not for an official purpose. The FFSC staff will explain the Privacy Act Statement and Acknowledgement so that you are fully informed about how your information will be used before you receive services.
6. The right to refuse to participate in any data collection for purpose of research or evaluation.
7. The right to be free of any sexual exploitation or harassment.
8. The right to review your own case record when you make a written request at least 24 hours in advance and conduct your review in the presence of a professional staff member. Access does not extend to confidential material provided to the center by other agencies.
9. The right to lodge a grievance if you have reason to believe your rights have been violated. A grievance may be lodged by contacting the FFSC Site Manager either in writing or verbally. A prompt response is guaranteed.

My rights and responsibilities have been explained to me and I have received a copy:



Client Signature

11/20/19

Date

RECORD OF DISCLOSURE	
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**UNAUTHORIZED DISCLOSURE OF PERSONAL INFORMATION FROM THIS
RECORD COULD SUBJECT THE USER TO CRIMINAL PENALTIES**

1. This sheet is to remain a permanent part of the record described below.
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 - b. Disclosure of items in paragraphs 13b(2)(e) and (f) of SECNAVINST 5211.5 series.

TITLE & DESCRIPTION OF RECORD #384571 Closed 1/3/20	
1	10/1/1997 - 10/31/1997
2	11/1/1997 - 11/30/1997
3	12/1/1997 - 12/31/1997
4	1/1/1998 - 1/31/1998
5	2/1/1998 - 2/28/1998
6	3/1/1998 - 3/31/1998
7	4/1/1998 - 4/30/1998
8	5/1/1998 - 5/31/1998
9	6/1/1998 - 6/30/1998
10	7/1/1998 - 7/31/1998
11	8/1/1998 - 8/31/1998
12	9/1/1998 - 9/30/1998
13	10/1/1998 - 10/31/1998
14	11/1/1998 - 11/30/1998
15	12/1/1998 - 12/31/1998
16	1/1/1999 - 1/31/1999
17	2/1/1999 - 2/28/1999
18	3/1/1999 - 3/31/1999
19	4/1/1999 - 4/30/1999
20	5/1/1999 - 5/31/1999
21	6/1/1999 - 6/30/1999
22	7/1/1999 - 7/31/1999
23	8/1/1999 - 8/31/1999
24	9/1/1999 - 9/30/1999
25	10/1/1999 - 10/31/1999
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27	12/1/1999 - 12/31/1999
28	1/1/2000 - 1/31/2000
29	2/1/2000 - 2/28/2000
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31	4/1/2000 - 4/30/2000
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37	10/1/2000 - 10/31/2000
38	11/1/2000 - 11/30/2000
39	12/1/2000 - 12/31/2000
40	1/1/2001 - 1/31/2001
41	2/1/2001 - 2/28/2001
42	3/1/2001 - 3/31/2001
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45	6/1/2001 - 6/30/2001
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52	1/1/2002 - 1/31/2002
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76	1/1/2004 - 1/31/2004
77	2/1/2004 - 2/28/2004
78	3/1/2004 - 3/31/2004
79	4/1/2004 - 4/30/2004
80	5/1/2004 - 5/31/2004
81	6/1/2004 - 6/30/2004
82	7/1/2004 - 7/31/2004
83	8/1/2004 - 8/31/2004
84	9/1/2004 - 9/30/2004
85	10/1/2004 - 10/31/2004
86	11/1/2004 - 11/30/2004
87	12/1/2004 - 12/31/2004
88	1/1/2005 - 1/31/2005
89	2/1/2005 - 2/28/2005
90	3/1/2005 - 3/31/2005
91	4/1/2005 - 4/30/2005
92	5/1/2005 - 5/31/2005
93	6/1/2005 - 6/30/2005
94	7/1/2005 - 7/31/2005
95	8/1/2005 - 8/31/2005
96	9/1/2005 - 9/30/2005
97	10/1/2005 - 10/31/2005
98	11/1/2005 - 11/30/2005
99	12/1/2005 - 12/31/2005
100	1/1/2006 - 1/31/2006

[illegible]



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DD FORM 2923, MAR 2009

Case: 368348

Client: Merrill, Amber T.

Printing the following forms:

Administrative Note
 Treatment Summary
 Clinical Counseling Contact Note
 Clinical Counseling Contact Note
 Clinical Counseling Contact Note
 Administrative Note
 Administrative Note
 Clinical Counseling Contact Note
 Clinical Counseling Contact Note
 Clinical Counseling Contact Note
 Clinical Counseling Contact Note
 Administrative Note
 Collateral Contact Note
 Administrative Note
 Administrative Note
 Treatment Plan
 Clinical Counseling Contact Note
 Administrative Note
 Initial Assessment Note

Printed On: 8/21/2020 4:16:43 AM

The following non-native documents should be printed individually:

Merrill, Amber - demo/PA/RR
 Disclosure

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Administrative Note****Case Number 368348 Client Name:** Merrill, Amber T.

Contact Date: 9/4/2019	Appointment Administration:
Provider's Name: (b)(6) (b)(6)	Administrative Notes: Thx emailed Client thanking her for the opportunity to work w/ her and expressed hope that she would continue to pursue her interests and goals in life. Thx reminded Client of the Aftercare Plan that was discussed in the initial session and reviewed during the course of counseling. Thx encouraged Client to engage w/ (b)(6) for individual counseling since she and her husband are participating in marriage counseling with (b)(6)

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 9/4/2019

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Treatment Summary****Case Number 368348 Client Name: Merrill, Amber T.**

Date: 9/4/2019	Number of Sessions: 9
Reason for Closure: Other	Reason for Other: Thx PCSing this week.
ASSESSED PROGRESS TOWARDS GOALS	
Clinician Perspective: 3	Notes for Clinician's Perspective Rating: Client made progress on her goals related to making better decisions and identifying and pursuing goals. However, her goals were often shifting and difficult to consistently pursue. Client was always open and engaged in counseling and made progress during her time in counseling.
Client's Self-Rating: 3	Notes for client's Sif Rating: Client was able to acknowledge her progress but also seemed to struggle with worry and consistency in her life.

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 9/4/2019

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Clinical Contact Note**Case Number 368348 Client Name: Merrill, Amber T.**

Contact Date: 8/23/2019			
Time Spent: 0.75		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 0	Family Members: 1	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes:			
<p>S: Client reports that things have been "a little better" for her since last session. Client reports that her husband's sobriety continues and she is grateful for that but also feels that she wants to have more connection in their relationship. Client reports that she feels a "strong pull" towards focusing on growing and improving herself and being more independent. This was processed and discussed. Client is hopeful that she can start an on-line program in the next two weeks and she is looking forward to that. Client also reports that they are scheduled to participate in marriage counseling next week. Client hopes to focus on how they can move beyond SM's sobriety to ways that they can actively improve their relationship. This was processed and discussed. Client and Thx discussed Aftercare Planning as Thx will PCS soon. Client is unsure if she would like to continue w/ a new Thx or not. This was discussed. Client reports that she would like to think about it and discuss next session. Client feels that it is helpful for her to come in and talk about these issues but she thinks it may be a time to take a break as well. Will discuss Aftercare Plan further in next session.</p> <p>O: Client arrived on time for session. Client's mood and affect were congruent w/ the topic of conversation and Client continues to show openness to the information discussed. Client presents as engaged and participatory throughout session.</p> <p>A: Client reported that it was helpful for her to talk about her issues in our session today. She reports that she is finding counseling helpful for her and that she will try to continue to come more regularly. Client was more grounded today in session.</p> <p>P: Client will continue to work on processing her thoughts and feelings. Client and her husband will re-engage in marriage counseling with a new provider soon - starting next week. Client will work on improving her self-talk and looking for time for herself during the day. Client will start a college course in the next few weeks. Client would like to continue counseling services at FFSC. Client was unsure of her availability next week and said that she would email Thx.</p>			
Plan Status:			
Continue Treatment Plan			
Diagnostic Impression:			
Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 8/23/2019

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Clinical Contact Note****Case Number 368348 Client Name: Merrill, Amber T.**

Contact Date: 8/16/2019			
Time Spent: 1		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 0	Family Members: 1	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes: <p>S: Client reports that things have been "up and down" for her since last session. Client reports that her husband's sobriety continues and she is grateful for that but also knows that she is having a hard time "moving forward" and being open w/ him. She reports that she continues to be worried about being hurt again. This was processed and discussed. Client reports that she had two days where she "tried hard" to be more positive towards her husband, more open towards him and more appreciative. Client reports that it "felt good" but didn't really seem to impact her husband. Client wants her husband to make more positive changes and she feels that he is generally just "sitting around doing nothing" and she wants him to develop some good hobbies and interests. These issues were processed and discussed. Client and Thx discussed her and her husband participating in marriage counseling. Client reports that she does want to do this again but that they have to wait for the other counselor to be back in the office to schedule. Client reports that they will hopefully do this sometime later this month or early September. Client reports that she will have to wait a few weeks before proceeding with the certification class that she is going to take and she feels impatient. Client reports that she started taking golf lessons this week and enjoyed it.</p> <p>O: Client arrived on time for session. Client's mood and affect were congruent w/ the topic of conversation and Client continues to show openness to the information discussed. Client presents as more somber in session, but continues to be very talkative and engaged in session.</p> <p>A: Client reported that it was helpful for her to talk about her issues in our session today. She reports that she is finding counseling helpful for her and that she will try to continue to come more regularly. Client was more grounded today in session.</p> <p>P: Client will continue to work on processing her thoughts and feelings. Client and her husband will re-engage in marriage counseling with a new provider soon. Client will work on improving her self-talk and looking for time for herself during the day. Client will continue to pursue college or certification program options for herself. Client would like to continue counseling services at FFSC. Client will RTC on Friday, 23 AUG at 1430.</p>			
Plan Status:			
Continue Treatment Plan			
Diagnostic Impression:			
Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES
Signature of Provider: (b)(6) **Date of Signature:** 8/16/2019

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Clinical Contact Note**Case Number 368348 Client Name: Merrill, Amber T.**

Contact Date: 7/30/2019			
Time Spent: 1		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 0	Family Members: 1	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes: <p>S: Client reports that things have been busy for her with a cosmetic surgery from which she is recovering and from having visitors. Client reports that her husband has been sober for almost four months. She is glad about this but reports that she is still "on edge" about things around him. She reports that after her surgery and with visitors that he didn't go to a few of his AA meetings and that really bothered her even though her reasons for not going were appropriate and understandable. Client reports that she has noticed that she feels more trustful of him when he is faithfully following his "Tx Plan" for his sobriety. But, when he starts to let things slide that she feels more worried and irritable and less trusting. This was discussed and processed. Client reports that because of her recovery from surgery she isn't allowed to do much exercise so she hasn't had that outlet either and this has been difficult for her. This was discussed and processed. Reviewed and discussed Tx Plan progress. Client feels that she is making better decisions overall but still notices that her worries are still there even though she is managing them better. Client feels that she has done well (except for this surgery recovery getting in the way) with her exercise and she recently completed and passed a class. She feels good about this progress also. Client reports that she is looking into a certification program for a dental hygienist but it requires a 1-year commitment and she is concerned about some of the instability in her life regarding her husband's status in the Navy, etc so she is unsure about this. This was discussed and processed.</p> <p>O: Client arrived on time for session. Client's mood and affect were congruent w/ the topic of conversation and Client continues to show openness to the information discussed. Client presents as more "upbeat" and "positive" in session.</p> <p>A: Client reported that it was helpful for her to talk about her issues in our session today. She reports that she is finding counseling helpful for her and that she will try to continue to come more regularly. Client was more grounded today in session.</p> <p>P: Client will continue to work on processing her thoughts and feelings. Client was encouraged to communicate openly w/ her husband. Couple has discontinued marriage counseling since their Thx left. Client will work on improving her self-talk and looking for time for herself during the day. Client will continue to pursue college or certification program options for herself. Client would like to continue counseling services at FFSC. Client will RTC on Tuesday, 09 AUG at 1230.</p>			
Plan Status:			
Continue Treatment Plan			
Diagnostic Impression:			
Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES
Signature of Provider: (b)(6) **Date of Signature:** 7/31/2019

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Administrative Note****Case Number 368348 Client Name: Merrill, Amber T.**

Contact Date: 7/11/2019	Appointment Administration:
Provider's Name: (b)(6), (b)(6)	Administrative Notes: Client responded to Thx's email and apologized that she had not emailed sooner. Client indicated that she was very busy w/ family and that she is having a surgery soon. She indicated that she did want to continue counseling but that she wanted to do so after "things calmed down". Thx replied that he would wait to hear from her. Thx reminded Client of process and options for termination and reminded Client about the Aftercare Plan developed in the initial session.

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 7/11/2019

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Administrative Note****Case Number 368348 Client Name: Merrill, Amber T.**

Contact Date: 7/2/2019	Appointment Administration: No show
Provider's Name: (b)(6), (b)(6)	Administrative Notes: Client did not show up for her scheduled appointment today. Thx emailed Client to check in and inquired if she would like to schedule further sessions. Thx reminded Client of the process and options for termination should she choose to discontinue. Thx also reminded her about the Aftercare Plan developed in the initial session.

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 7/2/2019

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Clinical Contact Note**Case Number 368348 Client Name:** Merrill, Amber T.

Contact Date: 6/20/2019			
Time Spent: 1		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 0	Family Members: 1	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes:			
<p>S: Client reports that things have continued to be better w/ her and her husband and she is glad that her dad left. Client reports that her mom is coming next week but Client is looking forward to her visit b/c she is not as "needy" as her dad. Client reports that she has felt more "confident and comfortable" w/ herself since the last session. Client reports that she is exercising regularly, eating more healthy, preparing to go back to college and generally just feels that she is "moving in a good direction" and is "focusing on [her]self". Client reports that her husband continues to be patient w/ her different feelings and is also doing more positive things to work on and improve the relationship and she feels good about that. This was discussed and processed. Client reports that she and her husband have talked about some of her feelings and how sometimes she feels good about their relationship and sometimes she feels hurt or distant from him and he reported understanding this. Client is hopeful that things can continue to go in a more positive direction.</p> <p>O: Client arrived on time for session. Client's mood and affect were congruent w/ the topic of conversation and Client continues to show openness to the information discussed. Client presents as more "upbeat" and "positive" in session.</p> <p>A: Client reported that it was helpful for her to talk about her issues in our session today. She reports that she is finding counseling helpful for her and that she will try to continue to come more regularly. Client was more grounded today in session.</p> <p>P: Client will continue to work on processing her thoughts and feelings. Client was encouraged to communicate openly w/ her husband and to follow through w/ the recommendations from marriage counseling. Client will work on improving her self-talk and looking for time for herself during the day. Client will continue to pursue college options for herself. Client would like to continue counseling services at FFSC. Client will RTC on Tuesday, 02 JUL at 1230.</p>			
Plan Status:			
Continue Treatment Plan			
Diagnostic Impression:			
Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES

Signature of Provider: (b)(6) **Date of Signature:** 6/20/2019

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Clinical Contact Note**Case Number 368348 Client Name: Merrill, Amber T.**

Contact Date: 6/13/2019			
Time Spent: 1		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 0		Family Members: 1	
Federal Civil Servants: 0		Civilians: 0	
		Non-Beneficiaries: 0	
		Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes:			
<p>S: Client reports that things have continued been better w/ her and her husband but that her Dad is here and she is "really annoyed and frustrated" w/ him. Client talked about her frustrations w/ her dad visiting and his "immaturity". She feels that she needs some "time to herself" but that her dad isn't very independent in going and doing things on his own so she has felt that she has had to play hostess to him. Client and Thx discussed patience and Client feels that this is something that she needs to work on. Client reports that things are better b/t she and her husband and she can see that he is "really trying" and she is hopeful that will continue. She does acknowledge that her Dad is a "distraction" from some of the issues w/ her and her husband. She reports that they had a good marriage counseling session and she feels good about that. She reports that they are going to go out on a date tomorrow night after the kids go to bed - but she acknowledges that this will be "kind of weird" - something that they haven't really done much of. This was discussed and processed. Client and Thx discussed "positive self-talk" and Client was receptive to this and reported that she found this helpful.</p> <p>O: Client arrived on time for session. Client's mood and affect were congruent w/ the topic of conversation and Client continues to show openness to the information discussed.</p> <p>A: Client reported that it was helpful for her to talk about her issues in our session today. She reports that she is finding counseling helpful for her and that she will try to continue to come more regularly. Client seemed more "worked up" and anxious today in session but she feels that this is related to her frustrations w/ her father.</p> <p>P: Client will continue to work on processing her thoughts and feelings. Client was encouraged to communicate openly w/ her husband and to follow through w/ the recommendations from marriage counseling. Client will work on improving her self-talk and looking for time for herself during the day. Client will continue to pursue college options for herself. Client would like to continue counseling services at FFSC. Client will RTC on Thursday, 20 JUN at 1230.</p>			
Plan Status:			
Continue Treatment Plan			
Diagnostic Impression:			
Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES
Signature of Provider: (b)(6) **Date of Signature:** 6/14/2019

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Clinical Contact Note**Case Number 368348 Client Name: Merrill, Amber T.**

Contact Date: 6/7/2019			
Time Spent: 1		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 0	Family Members: 1	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes: <p>S: Client reports that things have continued to be up and down for her but they are going "alright". Client reports that she knows that she is feeling "frustrated" and "resentful" towards her husband. She reports that she is still very distant from him and this is hard for her b/c she "likes to be in love". This was discussed and processed. Client reports that she feels like everyone is telling her to "forgive" and "help him", etc, but Client is still hurt by husbands' actions. Thx validated Client's experience and her feelings while also encouraging Client to try to make positive changes. Client was receptive to this but laments that "this is hard". Client and Thx reviewed the Tx Plan. Client feels that she is moving forward in positive ways (exercising more, making better choices, eating healthier, starting college courses soon, etc). However, she feels that she and husband aren't really moving forward much even though they are participating in marriage counseling. This was discussed and processed. Client acknowledges that she has a overriding belief that SM is not going to maintain his sobriety so she has a hard time thinking about "investing" in the relationship again and allowing herself to be hurt by his drinking again. This was discussed and processed. Client was encouraged to stay in the moment, hope for the future and be true to her present feelings while also trying to allow for change and growth for herself and her husband. Client was receptive to this.</p> <p>O: Client arrived on time for session. Client's mood and affect were congruent w/ the topic of conversation and Client continues to show openness to the information discussed.</p> <p>A: Client reported that it was helpful for her to talk about her issues in our session today. She reports that she is finding counseling helpful for her and that she will try to continue to come more regularly. Client seemed more focused and more engaged in the counseling session today.</p> <p>P: Client will continue to work on processing her thoughts and feelings. Client was encouraged to communicate openly w/ her husband but also in positive ways. Client will continue to pursue college options for herself. Client would like to continue counseling services at FFSC. Client will RTC on Thursday, 13 JUN at 1230.</p>			
Plan Status:			
Continue Treatment Plan			
Diagnostic Impression:			
Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 6/10/2019

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Clinical Contact Note**Case Number 368348 Client Name: Merrill, Amber T.**

Contact Date: 5/31/2019			
Time Spent: 1		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 0	Family Members: 1	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes:			
<p>S: Client reports that things have continued to be up and down for her but they are going "alright". Client apologizes for not being in sooner and she reports that she knows that she needs to continue individual counseling. Client reports that things have been alright b/t she and her husband but she knows that she carries a lot of "emotional scars" and resentment towards him and his choices. She expresses frustration that people expect her to just forgive him and support him when they don't understand how hurt she has been over the years and recently by his choices. This was discussed and processed and Thx normalized some of Client's feelings. Thx also helped Client understand how to communicate w/ her husband in a way that is more positive while also being honest about her hurt and feelings. Client was receptive to this. Client and Thx reviewed the Tx Plan. Client feels that she is moving forward in positive ways (exercising more, making better choices, eating healthier, signing up for college courses, etc.). Client feels good about this but she also feels "embarrassed" about not leaving b/c a lot of her friends feel that she should have done this. Thx praised Client for making the choices that she has made and that they seem to be mature and well thought-out choices that are in the best interest of herself and her kids primarily - not just staying w/ her husband. This was discussed and processed and Client reported that this was helpful.</p> <p>O: Client arrived on time for session. Client's mood and affect were congruent w/ the topic of conversation and Client continues to show openness to the information discussed.</p> <p>A: Client reported that it was helpful for her to talk about her issues in our session today. She reports that she is finding counseling helpful for her and that she will try to continue to come more regularly. Client seemed more focused and more engaged in the counseling session today.</p> <p>P: Client will continue to work on processing her thoughts and feelings. Client was encouraged to communicate openly w/ her husband but also in positive ways. Client will continue to pursue college options for herself. Client would like to continue counseling services at FFSC. Client will RTC on Friday, 07 JUN at 1100.</p>			
Plan Status:			
Continue Treatment Plan			
Diagnostic Impression:			
Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES
Signature of Provider: (b)(6) **Date of Signature:** 5/31/2019

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Administrative Note****Case Number 368348 Client Name:** Merrill, Amber T.

Contact Date: 5/29/2019	Appointment Administration: Rescheduled
Provider's Name: (b)(6)	Administrative Notes: Client scheduled her next appointment for Friday, 31 MAY at 1000.

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 5/29/2019

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Collateral Contact Note****Case Number 368348 Client Name:** Merrill, Amber T.

Contact Date: 5/29/2019	Clinical Provider: (b)(6)	Time Spent: 0.25
CONTACT		
Contact Name: Clinical Staff		
Collateral Contact: GOVERNMENT AGENCY/ORGANIZATION	Type of Contact: In Person	
Contacts Seen:		
Uniform Service Members: 0	Family Members: 0	Non-Beneficiaries: 0
Federal Civil Servants: 4	Civilians: 0	Total Contacts Seen: 4
Contact Notes: Staffed w/ Clinical team. Discussed Tx Plan. FAR and FAP CM agree that Thx should continue to document in this case record instead of the FAP case due to the nature of the focus in this counseling and that Client is the NOC in the FAP record. Thx will continue Tx and ongoing documentation in this Clinical record.		

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 5/29/2019

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Administrative Note****Case Number 368348 Client Name: Merrill, Amber T.**

Contact Date: 5/14/2019	Appointment Administration:
Provider's Name: (b)(6) (b)(6)	Administrative Notes: Client replied that she would like an appointment in the next week or two. Thx informed Client that he would be on leave for the next week and provided her w/ the info to call to schedule an appointment for when Thx returns.

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 5/14/2019

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Administrative Note****Case Number 368348 Client Name:** Merrill, Amber T.

Contact Date: 5/8/2019	Appointment Administration: Cancelled
Provider's Name: (b)(6)	Administrative Notes: Client cancelled her appointment and requested to reschedule. Thx offered time availabilities but Client has not confirmed date and time yet.

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 5/8/2019

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Treatment Plan**Case Number 368348 Client Name: Merrill, Amber T.****Date Completed: 4/17/2019****Behavioral Goals/Objectives:**

Client and Thx mutually developed and agreed upon the following Treatment plan during counseling at FFSC: Client would like to identify positive personal goals and pursuits in her life. Client would like to be able to make good decisions. Client would like to use counseling to process some of the issues and challenges in her relationship.

Client will:

- Be open during session in discussing his thoughts, feelings and experiences w/ Thx.
- Learn 2 strategies to making good decisions.
- Identify at least 2 positive goals or pursuits that Client can work towards and participate in.
- Be open to feedback and discussing options w/ Thx.
- Do homework as assigned outside of the clinical sessions.

Recommended Interventions:**Thx will:**

- Provide a supportive environment wherein Client can openly discuss and process thoughts, feelings and experiences.
- Introduce and help Client use at least 2 ways to evaluate and make good decisions.
- Introduce and support Client's participation in at least 2 positive goals or pursuits.
- Provide feedback as it seems appropriate for Client's needs/desires.
- Provide referrals as appropriate

Recommended Referrals:

In-House FFSC:	External Military:	External Civilian:	Tri-Care:
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SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 4/17/2019

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Clinical Contact Note**Case Number 368348 Client Name: Merrill, Amber T.**

Contact Date: 4/16/2019			
Time Spent: 1		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 0	Family Members: 1	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes: <p>S: Client reports that things have continued to be "a roller coaster" for her since last session. Client reports that they had Captains Mast for her husband and he is going to get kicked out of the Navy – likely. Client reports that he plans to appeal and the process will likely take "about a year". Client is conflicted about what to do. She feels that she would like to leave but she also feels that it is good for her and her kids to stay in Spain. Client reports that she has "mostly decided" to stay in Spain but feels frustrated that it means that she will likely stay in her relationship. Client reports that she has enrolled in two college courses and wants to start moving forward in healthy ways for herself. This was discussed and processed. Client reports that her husband is home "all of the time" which is hard for her to adjust to as well as him being sober. Client reports that this is why she is trying to find things to occupy herself during the day. This was discussed and processed. Thx and Client discussed Tx Planning. Client would like to figure out how to move forward in her life individually for herself. Client would like to identify how to make healthy life choices. Client would like to use counseling as a space to discuss and process some of her challenges in in her life and marriage. Thx and Client mutually agreed upon this Tx Plan.</p> <p>O: Client arrived on time for session. Client's mood and affect were congruent w/ the topic of conversation and Client continues to show openness to the information discussed.</p> <p>A: Client reported that it was helpful for her to talk about her issues in our session today and last week. She reports that she is finding counseling helpful for her. Client presents as somewhat scattered today in session but open to feedback and focused re-direction.</p> <p>P: Client will continue to work on processing her thoughts and feelings. Client was encouraged to identify healthy things that she would like to continue to pursue for herself, in addition to college courses. Thx will write up Tx Plan as discussed and mutually agreed upon. Client would like to continue counseling services at FFSC. Client will RTC on Wednesday, 08 MAY at 1230 due to Thx availability.</p>			
Plan Status:			
Continue Treatment Plan			
Diagnostic Impression:			
Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES
Signature of Provider: (b)(6) **Date of Signature:** 4/17/2019

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Administrative Note****Case Number 368348 Client Name:** Merrill, Amber T.

Contact Date: 4/12/2019	Appointment Administration: Rescheduled
Provider's Name: (b)(6) (b)(6)	Administrative Notes: Client called to reschedule her appointment today to Tuesday at 11 AM. Client reported that her babysitter fell through again.

SIGNATURES**Signature of Provider:** (b)(6) **Date of Signature:** 4/12/2019

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Initial Assessment

Case Number 368348 Client Name: Merrill, Amber T.

Contact Date: 4/8/2019	Clinical Provider: (b)(6)
Time Spent: 1.25	Type of Contact: In Person
Contacts Seen: Uniform Service Members: 0 Family Members: 1 Non-Beneficiaries: 0 Federal Civil Servants: 0 Civilians: 0 Total Contacts Seen: 1	
Type of Session: Individual	Deployment Related: Yes
Are you or the sponsor on Active Duty	Your/Sponsor's Deployment Status
Yes	N.A.
Privacy Act Explained: Yes	Explanation:
Mandatory Reporting Requirement Explained: Yes	Client's Questions Regarding Informed Consent: None
Client(s) Consent to Participate: Yes	Explanation:
Copy of Client's Rights and Responsibilities: Yes	Explanation:

Content of Assessment:

Thx reviewed FFSC process, Client Rights and Responsibilities, Privacy Act w/ Client. The limits to confidentiality were explained, to include disclosure in certain or specific circumstances, as permitted by exemptions to the Privacy Act. These could include clearances, personnel reliability programs, law-enforcement programs, life-threatening situations, substance-abuse programs, child pornography, and family-abuse situations. Client was given the opportunity to ask questions. Client consented to participate in short-term counseling today. Thx and Client reviewed and discussed the process of and options for Termination and Case Closure and Client reported understanding this. The intake paperwork (demographics, Privacy Act/Clients Rights and Responsibilities) was given to administrative staff to upload into the Clients' record. Thx used the below format as his assessment tool for this Initial Assessment note.

Referral: Client was self-referred for clinical counseling but also at the recommendation of her FAP Case Manager – (b)(6)

Demographics: Client is a 29 YO married female. She reports that she has been in Spain for a few months, PCSing here from the US. Sponsor is a recently-commissioned (b)(6); TIS 9+ years. Client reports that she and her husband have been married for just over four years. Couple has two children – a daughter almost 4 years old and an 18-month old son. Her son is with her in the appointment due to her babysitter for him not being available last minute. Client reports that she is from the Norfolk area and grew up attached to the Navy. She reports that she was stationed here in Rota as a kid and had good memories here.

Domestic Violence/Child Abuse: Client denies any DV/IP in in her marriage though she reports that sometimes she and her husband name-call. Client reports that she made a report to FAP last week (recently opened FAP Case) b/c she went out on a Sunday afternoon with friends and left her kids w/ her husband and when she got back about 6 hours later her husband was completely drunk with the kids and her son had a mark on his forehead. Client reports that her husband has been an alcoholic for a long time and just recently returned from inpatient services in London.

Medical/Mental Health: Client denied having any significant medical concerns presently or historically. Client denies any MH issues presently and historically and does not present w/ any readily during this initial session.

Alcohol/Drugs: Client denies any presence or history of drug/alcohol abuse. Client reports that she drinks occasionally – usually out with friends or wine with dinner but does not like to be drunk. She reports that w/ her husband's issues she is choosing not to drink at this time.

Suicidal/Homicidal: Client denied having any SI/HI presently or historically.

Internet gaming hx: Client reports that she does not have any problems w/ this.

Criminal Hx/Legal involvement: Client reports that she does not have any criminal or legal issues.

Family Hx: Client reports that she has a sibling that she is somewhat close to. She reports that her parents were never married. She reports that she is somewhat close w/ both of her parents. She reports that she talks w/ her dad frequently.

Current Stressors: Client reports that due to her husband's alcoholism and the recent incident w/ Child Neglect and that it is likely to be categorized as an ARI post alcohol rehab that he is likely to be kicked out of the Navy. She is not sure that this will happen but feels it is likely. Client reports that she is very unsure about whether or not she wants to stay in the marriage and

is trying to decide what to do next for herself and her two kids. Client reports that she feels overwhelmed w/ so many things up in the air that she felt it would be good to come to counseling.

Length of the Problem: Client reports SM's alcoholism has been going on for several years. She reports that she has stayed this long and is now looking to figure out what is best for her and her kids going forward.

Assessment:

A standardized assessment protocol was used in conducting the assessment and included consideration for associated issues to include age, developmental level of functioning, ethnicity, sexuality, gender, language and cultural issues.

Client arrived about 15 mins late for session and was dressed in casual clothing. Client indicated that her son's babysitter had fallen through which is why she is running late and why he was accompanying him. Client was attentive to her son throughout the session. He was dressed appropriately for the weather (rainy and chilly but not overly cold) except he had no socks/shoes – which she reported he had removed in the car so she carried him in. Client had a jacket for her son as well. Child was very active throughout the session and proved to be difficult to corral and engage in one spot. Client was oriented X3 and her mood and affect were congruent with the topic of conversation. There was no evidence of a thought disorder during the session. She was able to articulate her thoughts and feelings appropriately. Client appears to have appropriate insight and is receptive to feedback from Thx. Client reported that she participated in counseling in the past and didn't find it particularly helpful due to some of the characteristics of the Thx but she is hopeful it will go well here.

This provider built rapport with the Client and allowed her to discuss some of the challenges and experiences that she has had in her life. Client reports that she has been very patient and "put up w/ a lot" regarding her husband's alcohol use and she was hopeful that when he came back from inpatient rehabilitation that things would be different but they have not been. She said that when she left on that Sunday late morning he had not had anything to drink and was sober (otherwise she would have not left him w/ the kids, per her report) but when she got back about 6 hrs later he was drunk and fairly incoherent and mostly asleep on the couch. Client reports that she talked to a friend and felt that she needed to not cover for him anymore so she made the report to FAP. Client reports that she is coming to counseling to try to figure out how to move forward. She reports that she is not ruling out anything and she is willing to stay w/ her husband if they separate and he gets the help that he needs. She worries that if she leaves him that he will continue to make poor choices and she worries that could lead to something worse happening to him on his own accord. Discussed setting boundaries and staying kind but also distant regarding her relationship w/ her husband. This was discussed and processed. Client talked through the different scenarios or outcomes once her husband's ship returns and what will happen after that (XOI, Captains mast, etc).

Client appears to be appropriate for Brief Solution Focused therapy at FFSC. Client reported that she would like to continue individual counseling and that she found today's session helpful and a "good start" even though we ended a little short due to her son being an ongoing distraction to carry on a conversation. Due to the abbreviated session, scheduled the next appt scheduled for later this week at 0930 on Friday, 12 APR.

Aftercare/Referral: Thx reviewed other services available to Client at FFSC and on the base and otherwise in the event that she does not return (MOS, Chaplain, BH) and encouraged her to continue to develop local social connections. Thx offered to provide any other resources or referrals, if needed, in the future. She reported that she would contact this provider if she had questions. Thx and Client reviewed and discussed the process of and options for Termination and Case Closure and Client reported understanding this.

Diagnostic Impression

Other Conditions that may be focus of Clinical Attention:

- Other Problems Related to Primary Support Group: Relationship Distress With Spouse or Intimate Partner

Adjustment Disorders:

Rule Out Diagnosis:

SIGNATURES

Signature of Provider: (b)(6)

Date of Signature: 4/9/2019

CLIENT DEMOGRAPHIC INFORMATION

Client Information (Person Receiving Services)

merrill Amber T (b)(6)
Last Name First Name MI SSN

PO Box 2457
Current Mailing Address City State Zip

ambermerrill21@gmail.com
Email Address

Marital Status:

- ☒ Married
☐ Married/Dual Military
☐ Separated
☐ Divorced
☐ Widowed
☐ Single

Relationship to Sponsor:

- ☐ Parent
☐ Spouse
☐ Child
☐ Step Child
☐ Self
☐ Other: _____

Home Phone: _____

Work Phone: _____

Cell Phone: 757-701-1562

If Married, Marriage Date: Feb 2015

Gender: ☐ Male ☐ Female

(b)(6) (b)(6) (b)(6)
Spouse's Last Name First Name MI SSN

Your Date of Birth: 3/18/90 Your Spouse's Date of Birth: (b)(6)

Sponsor's Branch of Service:

- ☒ USN
☐ USNR
☐ USMC
☐ USA
☐ USAF
☐ USCG

Sponsor's Current Duty Status:

- ☒ Active Duty
☐ Activated Reserves
☐ Reserves
☐ Retired
☐ Federal Employee
☐ Contractor

Ethnicity: _____

Time in Service: 9 yr.

(b)(6)
Command (Spell Out) Date Reported

Rate: (b)(6) Paygrade: _____ PRD: _____ EAOS: _____

Date Returned from last Deployment: _____ Date of Next Deployment: _____

Family Information (if applicable)

Housing Status: ☐ On Base ☐ Off Base

Children Living in the Home:

(b)(6) (b)(6) (b)(6)
Name DOB EFMP: ☐ Yes ☐ No
(b)(6) (b)(6) (b)(6)
Name DOB EFMP: ☐ Yes ☐ No

COUNSELING, ADVOCACY, AND PREVENTION SERVICES
FLEET AND FAMILY SUPPORT CENTER NAVY REGION Europe, Africa, Southwest Asia

Privacy Act Statement and Acknowledgment

Information that you provide to the Fleet and Family Support Center (FFSC) will be treated in a sensitive manner by the FFSC and will be managed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a.

1. **Legal Authority for Requesting Information From You:** 5 U.S.C. Sect. 301, which allows Secretary of the Navy to make regulations for the Department of the Navy. One of these regulations, SECNAVINST 1754.1B, Department of the Navy, Fleet and Family Support Program (FFSP), established the Fleet and Family Support Centers (FFSC).

2. **Principal Purpose for Which Your Information Will Be Used:** The information you provide will help the Fleet and Family Support Center (FFSC) professional staff to assist you.

3. **Routine Uses Which May Be Made of Your Information:** In addition to using the information you give us for the "principal purpose" given above, your information may be used for one or more of the "routine uses" listed in the *Federal Register* notice for this system (including the blanket routine uses that are applicable to all Navy Privacy Act systems of records). This *Federal Register* notice is available here at the FFSC for you to see, if you wish, or at <http://privacy.navy.mil/>.

Four of the more important uses are:

- a. Disclosure to state and local government authorities in accordance with state and local laws requiring the reporting of suspected child abuse or neglect;
- b. Disclosure to the appropriate federal, state, local or foreign agency charged with enforcing a law, where FFSC records indicate that a violation of law may have occurred.
- c. Disclosure to certain foreign authorities in connection with international agreements, including status of forces agreements (SOFAs); and,
- d. Disclosure to the Department of Justice for litigation purposes.

4. **Other Disclosure of Your Information:** In addition to using the information you give us for the "principal purpose" and the "routine uses" given above, your information may be disclosed in certain or specific circumstances, as permitted by exemptions to the Privacy Act. These could include clearances, personnel reliability programs, law-enforcement programs, life-threatening situations, substance-abuse programs, child pornography, and family-abuse situations.

5. **Disclosure is Voluntary:** You need not disclose any information to us; however, failure to provide this information may hinder or prevent the FFSC staff from being able to assist you.

I have read and understand the above Important Notice and Privacy Act statement and the routine uses of the information which may be provided to me. My FFSC case manager has explained the contents of the Privacy Act statement to me.

Date 4/8/19

Amber merrill

Amerrill
Signature

Date 4/8/19

(b)(6)

I Liability Program: Yes ☐ No ☐ N/A ☒
(If "Yes", complete and sign the Privacy Act Statement for Members on PRP form.)

Fleet and Family Support Center Navy Region EURAFSWA Statement of Client Rights and Responsibilities

People sometimes encounter difficult situations or crisis in their lives and often benefit from professional counseling services that are available at their Fleet and Family Support Center. Counseling contributes to personal readiness by providing the opportunity to develop problem-solving skills that can reduce stress in the workplace or in personal relationships. When you work with a counselor to address such concerns the following expectations are reasonable:

Client Responsibilities:

1. It is important that you attend and actively participate in each counseling session for the period of time upon which you and your counselor agree.
2. It is important that counseling appointments begin and end on time in order for counseling to be most effective for you, and to ensure other clients don't have to wait for their appointments.
3. If you are unable to attend a scheduled appointment or change your mind about further counseling it is important to give us as much notice as possible.
4. In order to assure success, it is necessary that you commit both time and effort to your goals.

Client Rights:

1. The right to receive quality care and assistance within the center's limits of service.
2. The right to be treated with respect and dignity regardless of race, culture, sex age, disability, creed, socioeconomic status, marital status, and military status.
3. The right to know the identity and professional status of individual(s) providing services.
4. The right to receive an explanation of the assistance being provided and to refuse assistance.
5. The right to limited confidentiality. While FFSC staff may disclose your communications as necessary to carry out the mission of the Family Advocacy Program (e.g., to an Incident Determination Committee, to law enforcement) your information will be protected against any disclosure that is not for an official purpose. The FFSC staff will explain the Privacy Act Statement and Acknowledgement so that you are fully informed about how your information will be used before you receive services.
6. The right to refuse to participate in any data collection for purpose of research or evaluation.
7. The right to be free of any sexual exploitation or harassment.
8. The right to review your own case record when you make a written request at least 24 hours in advance and conduct your review in the presence of a professional staff member. Access does not extend to confidential material provided to the center by other agencies.
9. The right to lodge a grievance if you have reason to believe your rights have been violated. A grievance may be lodged by contacting the FFSC Site Manager either in writing or verbally. A prompt response is guaranteed.

My rights and responsibilities have been explained to me and I have received a copy:


Client Signature

4/8/90
Date

RECORD OF DISCLOSURE

**UNAUTHORIZED DISCLOSURE OF PERSONAL INFORMATION FROM THIS
RECORD COULD SUBJECT THE USER TO CRIMINAL PENALTIES**

1. This sheet is to remain a permanent part of the record described below.
2. Any entry must be made each time the record or any information from the record is viewed by, or furnished to any person or agency, other than the subject of the record, except:
 - a. Disclosure to DoD or DON personnel having a need to know in the performance of their official duties.
 - b. Disclosure of items in paragraphs 13b(2)(e) and (f) of SECNAVINST 5211.5 series.

TITLE & DESCRIPTION OF RECORD # 379427

[illegible]



Privacy Act Data Cover Sheet

DOCUMENTS ENCLOSED ARE SUBJECT TO THE PRIVACY ACT OF 1974

Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties. Deliver this/these document(s) directly to the intended recipient. **DO NOT** drop off with a third-party.

The enclosed document(s) may contain personal or privileged information and should be treated as "For Official Use Only." Unauthorized disclosure of this information may result in **CIVIL** and **CRIMINAL** penalties. If you are not the intended recipient or believe that you have received this document(s) in error, do not copy, disseminate or otherwise use the information and contact the owner/creator or your Privacy Act officer regarding the document(s). (DoD Directive 5400.11, "Department of Defense Privacy Program," May 8, 2007.)

DD FORM 2923, MAR 2009

Case: 367724

Client: Merrill, Amber T.

Printing the following forms:

Intervention Plan

FAP Client Contact Note

FAP Client Contact Note

Administrative Note

Administrative Note

Administrative Note

Collateral Contact Note

Administrative Note

Administrative Note

Administrative Note

Administrative Note

Incident Assessment

FAP Client Contact Note

FAP Client Contact Note

Printed On: 8/21/2020 4:04:11 AM

The following non-native documents should be printed individually:

Merrill, Amber - CCSM closure letter

Merrill, Amber - CCSM Results letter

Merrill, Amber - IDC Determination letter

Merrill, Amber - IDC Notification letter

Merrill, Amber - demo/FAP/PA/RR

PRIVACY ACT

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Intervention Plan

Case Number: 367724

Client Name: Merrill, Amber T.

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Intervention Completion Date: NA

MEETS CRITERIA ALLEGATIONS

Allegation #1: Child Neglect

Role of Client in the Allegation: Non-offending Parent

Allegation #2: Child Neglect

Role of Client in the Allegation: Non-offending Parent

CCSM RECOMMENDED INTERVENTION

Continue services at FFSC for individual counseling.

DIAGNOSTIC IMPRESSION

Other Conditions that may be focus of Clinical Attention:

- Other Problems Related to Primary Support Group: Relationship Distress With Spouse or Intimate Partner

Adjustment Disorders:Rule Out Diagnosis:

TREATMENT MODALITY

Individual Yes	Couples No	Family No	Support Group No
Psycho-educational Group No	Therapeutic Group No		

BEHAVIORAL OBJECTIVES

The client will participate with collateral treatment providers
Behavioral Objective 1*: in support of the identified CCSM treatment recommendations.

Relevant Risk Indicator*: Significant family stressors

Client completed 9 sessions with an individual provider and completed some of her treatment goal and objectives (in separate file). Client was engaged in the FAP process. Client
Progress Toward Objective: stated she may continue individual counseling at a later date.

Behavioral Objective
Completed*: Yes

Signature of Provider: (b)(6)

Date of Signature: 9/12/2019

INTERVENTION DISPOSITION

Intervention Disposition: **Discontinue Treatment Plan**

Reason for

Discontinuation: **Treatment Objectives Achieved**

Client completed the CCSM recommendations of continued individual counseling. Risk was reduced and the client, the NOP, showed continued protection of the children. Aftercare planning was done with the client to include continued services, including

Comments: counseling, at FFSC if needed at a later date.

COMMIT

Commit Date: 9/13/2019

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

FAP Client Contact Note

Case Number: **367724**Client Name: **Merrill, Amber T.**

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Clinical Provider: (b)(6)

Date: **9/11/2019**Time Spent: **0 Hours 15 Mins**

CONTACT

Type of Contact: **Email**

Contact Related to

Deployment: **No**

CM informed FM that FAP case was reviewed in the Clinical Case Staff Meeting and that it was considered appropriate for closure due to risk reduction. FM was provided a CCSM letter confirming

Summary of Contact: **confirmation of case closure.**

CONTACTS SEEN

Uniform Service Members: **0**Family Members: **0**Non-Beneficiaries: **0**Federal Civil Servants: **0**Civilians: **0**Total Contacts Seen: **0**

SAFETY ACTIONS TAKEN

Safety Actions Taken: **Yes**

Relevant Safety Information:

Contact Date: **9/12/2019**

Provider Name: (b)(6)

Reviewed safety planning to include base phone numbers, areas of support, identifying friends that she could call or go to in urgent or unsafe situations, and how to protect herself and the

Action Taken*: **children.**POC*: **FM Amber Merrill**

SIGNATURES

Signature of Provider: (b)(6)

Date of Signature: 9/13/2019

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

FAP Client Contact Note

Case Number: 367724

Client Name: Merrill, Amber T.

Clinical Provider: (b)(6)

Date: 8/2/2019

Time Spent: 0 Hours 30 Mins

CONTACT

Type of Contact: In Person

Contact Related to

Deployment: No

CM met with FM and two children, alleged victims. FM reported that SM has now been sober for four months. FM shared that their marriage has improved and overall there has been more stability in the household. FM reported that having SM more sober and more present in the home has been an adjustment. FM stated that she continues to receive individual counseling which she feels is beneficial. FM also participates in an Al-Anon support group online and plans on attending a group in person within the next couple of weeks. Alleged victims, FM's son and daughter, appeared clean, nourished, and well cared for. CM did not identify any concerning signs of abuse or neglect in wife or children. FM reported that she does not have any safety concerns at this time and feels comfortable with the care provided to her children by her husband as long as he is sober. FM identified a number of friends and neighbors whom she feels she can call or go to if she

Summary of Contact: were to feel unsafe.

CONTACTS SEEN

Uniform Service Members: 0

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 0

SAFETY ACTIONS TAKEN

Safety Actions Taken: Yes

Relevant Safety Information:

Contact Date: 8/2/2019

Provider Name: (b)(6)

Reviewed safety planning to include base phone numbers, identifying friends that she could call or go to in urgent or unsafe situations, and how to protect herself and the children if SM relapsed on alcohol and was a perceived threat to her and

Action Taken*: the child.

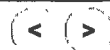
POC*: FM Amber Merrill

SIGNATURES

Signature of Provider: (b)(6)

Date of Signature: 8/2/2019

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Administrative Note**Case Number: **367724**Client Name: **Merrill, Amber T.**

Provider's Name: (b)(6)

Date: **7/30/2019**Administration: **Not Applicable**Attempted Contact: **No**

**CM contacted client and scheduled appointment with her and the
Administrative Note: two children for Friday 8/2 @ 1300.**

SIGNATURES

Signature of Provider: (b)(6)

Date of Signature: 7/31/2019

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Administrative Note

Case Number: **367724**Client Name: **Merrill, Amber T.**

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Provider's Name: (b)(6)

Date: 7/19/2019

Administration: **Not Applicable**

Attempted Contact:

CM received message from client who shared that she will be having surgery the week of 7/22 and will not be able to meet until the week of 7/29. Client stated that she is unsure of her availability for the week of 7/29 but will follow up to schedule

Administrative Note: an appointment once she has this information.

SIGNATURES

Signature of Provider: (b)(6)

Date of Signature: 7/19/2019

PRIVACY ACT*This information is Privacy Act protected - SENSITIVE***Administrative Note**Case Number: **367724**Client Name: **Merrill, Amber T.**

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Provider's Name: (b)(6)

Date: **7/2/2019**Administration: **Not Applicable**Attempted Contact: **Yes**Disposition: **Other** Person/Organization Attempted to Contact: **Client****Attempted contact with client to schedule case management meeting**Administrative Note: **for her and her two children. Awaiting reply.****SIGNATURES**

Signature of Provider: (b)(6)

Date of Signature: 7/2/2019

PRIVACY ACT*This information is Privacy Act protected - SENSITIVE***Collateral Contact Note**Case Number: **367724**Client Name: **Merrill, Amber T.**Clinical Provider: **(b)(6)**Contact Date: **5/29/2019**Time Spent: **0 Hours 15 Mins****CONTACT**Contact Name: **Clinical/FAP staff**Collateral Contact: **Other Service FAP**Type of Contact: **In Person**

Met w/ FAP CM and FAR and other Clinical staff. Discussed case. This Thx had previously engaged w/ this Client in counseling after incident and prior to IDC. FAR requested that due to the nature of Client's participation in counseling nad b/c she is the NOC in this case that Thx continue to document her counseling in

Summary of Contact: **Clinical case record 368348.**

Contact Related to

Deployment: **No****CONTACTS SEEN**Uniform Service Members: **0**Family Members: **0**Non-Beneficiaries: **0**Federal Civil Servants: **4**Civilians: **0**Total Contacts Seen: **4****SAFETY ACTIONS TAKEN**Safety Actions Taken: **No****SIGNATURES**Signature of Provider: **(b)(6)**Date of Signature: **5/29/2019**

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Administrative Note

Case Number: **367724**Client Name: **Merrill, Amber T.**

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Provider's Name: (b)(6)

Date: **5/23/2019**Administration: **Not Applicable**Attempted Contact: **Yes**Disposition: **Phone disconnected/no longer in service**

Person/Organization Attempted to Contact:

Client

CM emailed FM for introduction purposes and to schedule an appointment with FM and children. CM offered support and inquired about any questions or concerns that may have come up since she and SM received CCSM Recommendation letter. CM requested returned

Administrative Note: **email. FM phone is functioning at this time.**

SIGNATURES

Signature of Provider: (b)(6)

Date of Signature: 5/23/2019

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Administrative Note**Case Number: **367724**Client Name: **Merrill, Amber T.**Provider's Name: **(b)(6)**Date: **4/19/2019**Administration: **Not Applicable**Attempted Contact: **No**

Sent email to FM checking in regarding safety and any concerns prior to the weekend. Reminded FM that CM will be beginning maternity leave in the next few days, and provided FAR contact

Administrative Note: **information in the absence.****SIGNATURES**Signature of Provider: **(b)(6)**Date of Signature: 4/19/2019

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Administrative Note

Case Number: **367724**Client Name: **Merrill, Amber T.**

1 < 2 >

Provider's Name: (b)(6) |

Date: **4/3/2019**Administration: **Not Applicable**Attempted Contact: **No****Sent email to FM to check in regarding how the afternoon and****Administrative Note: overnight went with spouse back in the home.****SIGNATURES**

Signature of Provider: (b)(6) |

Date of Signature: **4/3/2019**

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Administrative Note**Case Number: **367724**Client Name: **Merrill, Amber T.**

Provider's Name: (b)(6)

Date: **4/2/2019**Administration: **Not Applicable**Attempted Contact: **No**

Disposition: -- Person/Organization Attempted to Contact: --

Received email from FM requesting that CM provide command with
her phone number, giving written permission for them to contact

Administrative Note: her directly and for CM to provide the contact information.

SIGNATURES

Signature of Provider: (b)(6)

Date of Signature: 4/2/2019

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Incident Assessment

Case Number: 367724

Client Name: Merrill, Amber T.



CONTACT

Date*: 4/1/2019

Time Spent: 1 Hours 0 Mins

Type of contact: In Person

Is this individual on active duty? No

CONTACTS SEEN

Uniform Service Members: 0

Family Members: 1

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

QUESTIONS

Privacy act explained? Yes

Mandatory reporting requirement explained? Yes

Client rights and responsibilities explained? Yes

Client questions? No

Client consent to participate? Yes

Was the FAP process explained? Yes

ALLEGATIONS

Allegation #1: Child Neglect

Role in Allegation: Non-offending Parent

Roles defined on other Incident Assessment forms:

- (b)(6) identified as Victim on form 5547241 (Committed)
 - (b)(6) identified as Offender on form 5534832 (Committed)
- Note: Requirement of single Victim and Offender roles is satisfied for this Allegation.

A. ACT (negligent treatment of a child through egregious acts or omissions below the lower bounds of normal care giving, which shows a striking disregard for the child's well being):

A1. Lack of Supervision:

FM reported that on Sunday 3/31/19 she left the home and that SM stayed home with their two children, ages 18 months and 3 years, with no other adults present. FM reported upon her return 5-6 hours later, she discovered SM drunk and asleep on the couch in the home, while her 3 year old daughter was outside alone (backyard) and her 18 month old son was playing in and eating the cat litter. FM also reported that her son had a large bruise on his forehead over his left eyebrow which was not present when she left the child in the sole care of SM earlier that same day.

A2. Exposure to Physical Hazards:

FM reported that her son had access to the cat litter and was eating and playing in it upon her return to the home.

A3. Educational Neglect:

None reported.

A4. Neglect of Health care:

None reported.

A5. Deprivation of Necessities:

None reported.

A6. Abandonment:

None reported.

B. IMPACT: Significant impact on the child involving ANY of the following:

B1. More than Inconsequential physical injury, including heat exhaustion or heat stroke:

18 month old child sustained a circular bruise on his forehead on the date of incident. CM observed the bruise, purple in color and 2-3 cm in diameter. FM reported that SM was unable to explain the injury.

B2. Reasonable potential for more than inconsequential physical injury:

Both children are under the age of 5 and were able to access outdoors, according to the FM, as well as the cat litter. 3 year old child was found by FM in the backyard upon her return.

B3a. More than inconsequential fear reaction:

FM denied any fear reaction observed by both children.

B3b. Significant psychological harm:

FM denied.

B4a. Reasonable potential for psychological harm:

FM denied.

B4b. Reasonable potential for significant disruption of child's development:

FM denied.

B5. Stress-related symptoms related to or made worse by the act:

FM denied symptoms observed in children.

EXCLUSIONS: First Time Exclusion (only applies to Lack of Supervision or Exposure to Physical Hazards if no actual harm. All criteria must be met):

1. Parent has no other significant risk factor:

Does not apply. SM had returned from in-patient treatment for substance abuse 3 days prior to alleged incident.

2. First known incident of problematic parenting:

No documented FAP history.

3. The caregiver has not come to the attention of any community helper:

No documented or reported history of community helper related to child neglect; however, FM reported that SM was engaged with in-patient treatment for substance abuse.

Allegation #2: Child Neglect**Role in Allegation: Non-offending Parent****Roles defined on other Incident Assessment forms:**

- (b)(6) identified as *Victim* on form 5547243 (Committed)
- (b)(6) identified as *Offender* on form 5534832 (Committed)

Note: Requirement of single Victim and Offender roles is satisfied for this Allegation.

A. ACT (negligent treatment of a child through egregious acts or omissions below the lower bounds of normal care giving, which shows a striking disregard for the child's well being):

A1. Lack of Supervision:

FM reported that on Sunday 3/31/19 she left the home and that SM stayed home with their two children, ages 18 months and 3 years, with no other adults present. FM reported upon her return 5-6 hours later, she discovered SM drunk and asleep on the couch in the home, while her 3 year old daughter was outside alone (backyard) and her 18 month old son was playing in and eating the cat litter. FM also reported that her son had a large bruise on his forehead over his left eyebrow which was not present when she left the child in the sole care of SM earlier that same day.

A2. Exposure to Physical Hazards:

3 year old was outside unattended and also had access to hazards within the home.

A3. Educational Neglect:

None reported.

A4. Neglect of Health care:

None reported.

A5. Deprivation of Necessities:

None reported.

A6. Abandonment:

None reported.

B. IMPACT: Significant impact on the child involving ANY of the following:**B1. More than inconsequential physical injury, including heat exhaustion or heat stroke:**

FM denied any injury to child.

B2. Reasonable potential for more than inconsequential physical injury:

FM reported that due to her child being unattended, there was potential for the child to become injured due to no supervision. Child was outside upon FM's arrival back at the home and while FM did not report on whether or not the child can get out of the backyard on her own, she reported that she does not typically allow her child outside without supervision.

B3a. More than inconsequential fear reaction:

None reported.

B3b. Significant psychological harm:

None reported.

B4a. Reasonable potential for psychological harm:

None reported.

B4b. Reasonable potential for significant disruption of child's development:

None reported.

B5. Stress-related symptoms related to or made worse by the act:

None reported.

EXCLUSIONS: First Time Exclusion (only applies to Lack of Supervision or Exposure to Physical Hazards if no actual harm. All criteria must be met):

1. Parent has no other significant risk factor:

Does not apply. SM had returned from in-patient treatment for substance abuse 3 days prior to alleged incident.

2. First known incident of problematic parenting:

No documented FAP history.

3. The caregiver has not come to the attention of any community helper:

No documented or reported history of community helper related to child neglect; however, FM reported that SM was engaged with in-patient treatment for substance abuse.

RISK ASSESSMENT INTERVIEW

1. Frequency of maltreatment:

No documented FAP history.

2. Parental perception of child:

FM did not report regarding parental perception.

3. Locus of control (AO):

FM reported that SM had no control or awareness at the time of her return to the home, as he was drunk and asleep per her report.

4. Physical, emotional, mental impairment (AO):

None reported.

5. Physical, emotional, mental impairment (NOC):

None reported or observed.

6. Knowledge/skills of child rearing practices (AO):

FM reported limited sole caregiving on the part of SM.

7. Substance abuse (AO):

FM reported that SM is an alcoholic and self-referred to DAPA and subsequently referred to in-patient substance abuse treatment facility; SM returned 3 days before alleged incident.

8. Impulsivity:

FM reported that SM hides liquor/alcohol in the attached home to their base house, which is not currently occupied. FM reported that SM was sober when she left the home 6 hours prior to her return on the date of incident.

9. History of abusive behavior (AO):

FM denied history of abuse.

10. Motivation of change (AO):

FM has little confidence in SM's motivation for change.

11. History of victimization (AO):

FM did not report.

12. History of victimization (AV):

FM did not report, but denied any DV within this relationship.

13. Protection of child (NOC):

FM was visibly upset and emotional regarding the alleged neglect, verbalizing worry for her children if she had not returned home at the time she did, and for the future of the children's well-being if SM takes a caregiving role.

14. Characteristics of the child:

FM did not report during assessment.

15. Significant family stressors:

SM recently returned from substance abuse in-patient treatment and is currently under scrutiny from the Command. FM is considering separation and returning to the US. FM also reported significant financial strain due to SM's alcohol use and spending.

16. Access to social support services:

FM has not previously been engaged with counseling, but reported plans to attend marital and individual counseling sessions, both already scheduled at the time of the IA. FM reported multiple friends and support by command and other spouses.

17. Family strengths:

FM has familial and friend support both locally and in the US. The family resides in base housing.

Biopsychosocial information:

1) Date of Incident: 3/31/19

2) Date of Report: 4/1/19

3) Referral Source: Family member

4) Demographics: SM is a 31 years old Caucasian male; FM is 29 year old Caucasian dependent spouse. The couple has two children, ages 3 and 18 months.

5) History of Abuse: There is no documented prior FAP history.

6) Substance Abuse: SM admitted to having one mixed drink on the day of the incident and returned from in-patient substance abuse treatment the week prior to the incident. FM denied any substance abuse past and present.

7) Credibility: FM displayed no credibility issues at the time of assessment.

SIGNATURES

Signature of Provider: (b)(6)

Date of Signature: 4/22/2019

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

FAP Client Contact Note

Case Number: 367724

Client Name: Merrill, Amber T.

Clinical Provider: (b)(6)

Date: 4/1/2019

Time Spent: 0 Hours 15 Mins

CONTACT

Type of Contact: Phone

Contact Related to

Deployment: No

Followed up with FM via phone before COB. FM reported that she is uncomfortable with SM back in the home due to his recent alcohol use and unpredictability when using. FM also stated that she would be willing to meet SM at a public park or like-location with the children for him to see them, but again reiterated her perceived risks and safety concerns present at this time. FM was made aware that SM would be back in the barracks cool-down room for another night and that no MPO has been issued at this time;

Summary of Contact: reviewed safety planning.

CONTACTS SEEN

Uniform Service Members: 0

Family Members: 1

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

SAFETY ACTIONS TAKEN

Safety Actions Taken: Yes

Relevant Safety Information:

Contact Date: 4/2/2019

Provider Name: (b)(6)

Reviewed safety planning to include base phone numbers, identifying friends that she could call or go to in urgent or unsafe situations, and how to protect herself and the children if SM came to the house. FM was not fearful that SM would harm them physically, and stated that if he came to the home she

Action Taken*: would "lock the door" and not let him enter without an escort.

POC*: Mrs. Merrill

SIGNATURES

Signature of Provider: (b)(6)

Date of Signature: 4/2/2019

PRIVACY ACT*This information is Privacy Act protected - SENSITIVE***FAP Client Contact Note**Case Number: **367724**Client Name: **Merrill, Amber T.**Clinical Provider: **(b)(6)**Date: **4/1/2019**Time Spent: **1 Hours . 0 Mins****CONTACT**Type of Contact: **In Person**

Contact Related to

Deployment: **No**

Summary of Contact: FM presented to FAP to make report of alleged child neglect. FM presented with her 18 month old son; both were appropriately groomed and dressed with no presentation concerns. FM signed all FAP paperwork and verbalized understanding of Restricted vs. Unrestricted reporting, the privacy act and limits of confidentiality. FM denied any present or past SI for self.

FM reported that her spouse, active duty SM assigned to (b)(6), arrived home from in-patient substance abuse treatment last Thursday evening (3/28/19) after self-referral. FM reported that on Sunday 3/31/19 she attended a local fashion show and that SM stayed home with their two children, ages 18 months and 3 years. FM reported upon her return, she discovered SM drunk and asleep on the couch in the home, while her 3 year old daughter was outside alone (backyard) and her 18 month old son was playing in and eating the cat litter. FM also reported that her son had a large bruise on his forehead over his left eyebrow which was not present when she had left the child in the care of SM that same day. FM reported that she contacted the command DAPA, friends within the command and at that time ultimately reported the incident to command CO. FM reported that eventually base police removed SM from the home upon her request, and that she had not spoken with him since that time. FM denied any imminent threat by SM to herself or their children; denied that SM had threatened suicide or self-harm; denied any physical aggression or incident.

Discussed safety planning with the FM to include possible ERD, flying back to the US on a rotator, and alternative housing options here; also discussed urgent/emergency situations and base phone numbers to call or where to present in emergency. FM has several friends and trusted people she was able to identify should SM return to the home and she feel unsafe. FM verbalized understanding that child abuse/neglect allegations cannot be restricted and that she was aware she had reported to command and that the case would be unrestricted.

FM had previously made an appointment with base legal, and has phone appointment scheduled with Naples team for 4/3/19; previously scheduled individual and marital counseling appointments with FFSC, which she has chosen to maintain at this time. FM stated that she is making no definite plans to leave Spain at this time, but is open to the possibility in the future when she knows more regarding her spouse's future with USN/treatment.

CONTACTS SEEN

Uniform Service Members: 0

Family Members: 1

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

SAFETY ACTIONS TAKEN

Safety Actions Taken: **Yes**

Relevant Safety Information:

Contact Date: **4/1/2019**

Provider Name: **(b)(6)**

Reviewed safety concerns, risk factors, SI/HI risks and history, safety planning and supports FM has access to at this time. Plan with FM to call or email her to follow up at the end of the day

Action Taken*: **or tomorrow.**

POC*: **FM Merrill**

SIGNATURES

Signature of Provider: **(b)(6)**

Date of Signature: **4/1/2019**

367724

CLIENT DEMOGRAPHIC INFORMATION

Client Information (Person Receiving Services)

merrill

Last Name

Amber

First Name

T

MI

(b)(6)

SSN

PSC 819 Box 2457

Current Mailing Address

City

State

Zip

FPO AE 09582

Email Address

Marital Status:

- ☒ Married
☐ Married/Dual Military
☐ Separated
☐ Divorced
☐ Widowed
☐ Single

Relationship to Sponsor:

- ☐ Parent
☐ Spouse
☐ Child
☐ Step Child
☐ Self
☐ Other:

email

Home Phone: amber.merrill21@gmail.com

Work Phone:

Cell Phone: 757-701-1562

If Married, Marriage Date: Feb 12, 2015

Gender: ☐ Male ☐ Female

(b)(6)

(b)(6)

SSN

Your Date of Birth: 3/18/1990

Your Spouse's Date of Birth: (b)(6)

Sponsor's Branch of Service:

- ☒ USN
☐ USNR
☐ USMC
☐ USA
☐ USAF
☐ USCG

Sponsor's Current Duty Status:

- ☒ Active Duty
☐ Activated Reserves
☐ Reserves
☐ Retired
☐ Federal Employee
☐ Contractor

Ethnicity:

Time in Service: 7 years

(b)(6)

Command (Spell Out)

Date Reported

Rate: Paygrade: (b)(6) PRD: EAOS:

Date Returned from last Deployment: returned early Date of Next Deployment: August 1 billion

Family Information (if applicable)

Housing Status: ☒ On Base ☐ Off Base

Children Living in the Home:

(b)(6)

(b)(6)

Name

DOB

EFMP: ☐ Yes ☐ NoEFMP: ☐ Yes ☐ No

NAVAL STATION ROTA, SPAIN
FAMILY ADVOCACY PROGRAM INFORMATION SHEET

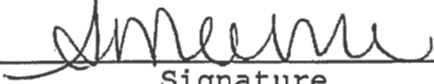
The Family Advocacy Program (FAP) is designed to support operational readiness by addressing prevention, education, identification, intervention, treatment and the reporting of suspected child abuse/neglect and spouse/partner abuse.

The program requires FAP staff to assess all reported incidents of suspected or known maltreatment. The FAP process includes in-person interviews with the service member, spouse/partner and children. The Commanding Officer of the service member is notified when an allegation has been reported to FAP that involves the service member and/or family members. Depending on the allegation, the appropriate state's child protection agency and/or appropriate law enforcement agency may be contacted (i.e. Naval Criminal Investigative Services (NCIS); (Name of city) Police).

In accordance with DOD guidance, all cases that meet reasonable suspicion for domestic abuse and/or child maltreatment will be reviewed at the Incident Determination Committee (IDC) and the Clinical Case Staffing Meeting (CCSM).

- The IDC membership consists of: Installation Executive Officer, Installation Command Master Chief, Naval Criminal Investigative Services, Staff Judge Advocate, Base Security, Family Advocacy Representative, and Sponsor's Commanding Officer. Although you may not attend the IDC meeting, you will receive notification seven days in advance of the meeting date. The IDC reviews all relevant information regarding the allegations and makes a non-legal determination whether abuse/neglect occurred. The results of the IDC are reported to the FAP Central Registry for data collection and tracking of cases. You will be informed of the IDC's findings and your right to request a review of the findings if certain conditions exist.
- During the CCSM, clinical providers review all relevant case information to develop interventions/treatment recommendations to meet the specific needs of each service member and/or family members. A FLAG lifting date may be assigned to insure that service members due to receive permanent change of station (PCS) orders are assigned in areas where appropriate treatment services are available. The CCSM periodically reviews cases until such time that: treatment recommendations are completed; level of risk has decreased; case is closed due to non-compliance.

The IDC determination, CCSM treatment recommendations, administrative recommendations and "flagging" information is provided to the service member's Commanding Officer. The victim and/or offender may contact the FAP Case Manager directly to obtain results of the IDC and CCSM.

<u>Amber merrill</u>	<u></u>	<u>411119</u>
Client Name (print)	Signature	Date

For non-military members, please indicate your preferred method of written correspondence delivery: ☐ email ☐ PSC mail ☐ pick up in person

COUNSELING, ADVOCACY, AND PREVENTION SERVICES
FLEET AND FAMILY SUPPORT CENTER NAVY REGION Europe, Africa, Southwest Asia

Privacy Act Statement and Acknowledgment

Information that you provide to the Fleet and Family Support Center (FFSC) will be treated in a sensitive manner by the FFSC and will be managed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a.

1. **Legal Authority for Requesting Information From You:** 5 U.S.C. Sect. 301, which allows Secretary of the Navy to make regulations for the Department of the Navy. One of these regulations, SECNAVINST 1754.1B, Department of the Navy, Fleet and Family Support Program (FFSP), established the Fleet and Family Support Centers (FFSC).

2. **Principal Purpose for Which Your Information Will Be Used:** The information you provide will help the Fleet and Family Support Center (FFSC) professional staff to assist you.

3. **Routine Uses Which May Be Made of Your Information:** In addition to using the information you give us for the "principal purpose" given above, your information may be used for one or more of the "routine uses" listed in the *Federal Register* notice for this system (including the blanket routine uses that are applicable to all Navy Privacy Act systems of records). This *Federal Register* notice is available here at the FFSC for you to see, if you wish, or at <http://privacy.navy.mil/>.

Four of the more important uses are:

- a. Disclosure to state and local government authorities in accordance with state and local laws requiring the reporting of suspected child abuse or neglect;
- b. Disclosure to the appropriate federal, state, local or foreign agency charged with enforcing a law, where FFSC records indicate that a violation of law may have occurred.
- c. Disclosure to certain foreign authorities in connection with international agreements, including status of forces agreements (SOFAs); and,
- d. Disclosure to the Department of Justice for litigation purposes.

4. **Other Disclosure of Your Information:** In addition to using the information you give us for the "principal purpose" and the "routine uses" given above, your information may be disclosed in certain or specific circumstances, as permitted by exemptions to the Privacy Act. These could include clearances, personnel reliability programs, law-enforcement programs, life-threatening situations, substance-abuse programs, child pornography, and family-abuse situations.

5. **Disclosure is Voluntary:** You need not disclose any information to us; however, failure to provide this information may hinder or prevent the FFSC staff from being able to assist you.

I have read and understand the above Important Notice and Privacy Act statement and the routine uses of the information which may be provided to me. My FFSC case manager has explained the contents of the Privacy Act statement to me.

Date 4/1/19

Amber merrill

Amerrill
Signature

Date 4/1/19

(b)(6)

I am currently in the Personnel Reliability Program: Yes ☐ No ☒ N/A ☐
(If "Yes", complete and sign the Privacy Act Statement for Members on PRP form.)

Fleet and Family Support Center Navy Region EURAFSWA

Statement of Client Rights and Responsibilities

People sometimes encounter difficult situations or crisis in their lives and often benefit from professional counseling services that are available at their Fleet and Family Support Center. Counseling contributes to personal readiness by providing the opportunity to develop problem-solving skills that can reduce stress in the workplace or in personal relationships. When you work with a counselor to address such concerns the following expectations are reasonable:

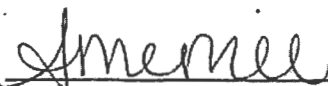
Client Responsibilities:

1. It is important that you attend and actively participate in each counseling session for the period of time upon which you and your counselor agree.
2. It is important that counseling appointments begin and end on time in order for counseling to be most effective for you, and to ensure other clients don't have to wait for their appointments.
3. If you are unable to attend a scheduled appointment or change your mind about further counseling it is important to give us as much notice as possible.
4. In order to assure success, it is necessary that you commit both time and effort to your goals.

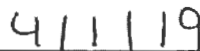
Client Rights:

1. The right to receive quality care and assistance within the center's limits of service.
2. The right to be treated with respect and dignity regardless of race, culture, sex age, disability, creed, socioeconomic status, marital status, and military status.
3. The right to know the identity and professional status of individual(s) providing services.
4. The right to receive an explanation of the assistance being provided and to refuse assistance.
5. The right to limited confidentiality. While FFSC staff may disclose your communications as necessary to carry out the mission of the Family Advocacy Program (e.g., to an Incident Determination Committee, to law enforcement) your information will be protected against any disclosure that is not for an official purpose. The FFSC staff will explain the Privacy Act Statement and Acknowledgement so that you are fully informed about how your information will be used before you receive services.
6. The right to refuse to participate in any data collection for purpose of research or evaluation.
7. The right to be free of any sexual exploitation or harassment.
8. The right to review your own case record when you make a written request at least 24 hours in advance and conduct your review in the presence of a professional staff member. Access does not extend to confidential material provided to the center by other agencies.
9. The right to lodge a grievance if you have reason to believe your rights have been violated. A grievance may be lodged by contacting the FFSC Site Manager either in writing or verbally. A prompt response is guaranteed.

My rights and responsibilities have been explained to me and I have received a copy:



Client Signature



Date



DEPARTMENT OF THE NAVY
U.S. NAVAL STATION ROTA
PSC 819 BOX 1
FPO AE 09645-0001

1752
Ser N91/266
23 Apr 19

From: Commanding Officer, U.S. Naval Station Rota
To: Ms. Amber Merrill

Subj: NOTIFICATION OF FAMILY ADVOCACY PROGRAM INCIDENT
DETERMINATION COMMITTEE (IDC) AND CLINICAL CASE STAFF MEETING
(CCSM)

A report of alleged child neglect indicating your three-year-old daughter and your eighteen-month-old son as the alleged victims was received by the Family Advocacy Program (FAP). The FAP is available to assist active duty service members and DoD personnel OCONUS, and their families who are experiencing difficulties because of alleged child abuse/neglect or spouse abuse.

There will be two professional meetings regarding the report. The first is an installation administrative process to determine if the allegation meets the DoD criteria for child neglect. The second one is a FAP clinical treatment meeting to determine appropriate treatment measures to address familial discord. Both meetings generate a letter that you will receive. The IDC Determination Letter also includes directions for requesting a review of the determination.

On 07 May 2019, the IDC will meet to review these allegations at 1340 in Building 1 Conference Room A. Members of the IDC include the Installation Chief Staff Officer, Installation Command Master Chief, Family Advocacy Representative, Judge Advocate General's Corps Officer, Navy Criminal Investigation Service/OSI, Base Security and a Representative from USS Porter. All available information will be reviewed and the members will make a determination as to whether the allegation meets criteria for neglect.

The case will be presented to the CCSM within seven days of the IDC to consider and refer the clients to beneficial services. The CCSM is comprised of treatment professionals who have knowledge in addressing child neglect. Even though the command representative does not attend the CCSM, she/he will receive a copy of the service member's treatment recommendations.

The FAP case manager is (b)(6), who may be reached at COMM: +34 956 82 3232, if you have any questions.

(b)(6)

By direction

Copy to:
Client Case Folder

"FOR OFFICIAL USE ONLY – PRIVACY ACT SENSITIVE: Any misuse or unauthorized disclosure of this information may result in both criminal and civil penalties."



DEPARTMENT OF THE NAVY
U.S. NAVAL STATION ROTA
PSC 819 BOX 1
FPO AE 09645-0001

1752
SerN91/ 281
07 May 19

From: Commanding Officer, U.S. Naval Station Rota, Spain

To: (b)(6)

Via: Commanding Officer, (b)(6)

Subj: RESULTS OF INCIDENT DETERMINATION COMMITTEE (IDC), ICO
(b)(6), USN

Ref: (a) CNO WASHINGTON DC 201713Z MAY 13 (NAVADMIN 134/13)

Encl: (1) Procedure to Request an IDC Review

1. Per reference (a), the IDC met on 07 May 19 to consider the allegation of child neglect involving (b)(6) and his children. After careful consideration of all available information, the IDC determined that the case:

a. ~~met~~ ^{UNMET} ~~did not meet criteria~~ for child neglect of (b)(6) by her father (b)(6)

b. ~~met~~ ^{UNMET} ~~did not meet criteria~~ for child neglect of (b)(6) by his father (b)(6)

2. The information considered in order to vote on the allegation(s) are:

- ☒ Service member's statement
- ☒ Family member's statement
- ☐ Spanish Police Report
- ☐ Base Security Report
- ☒ NCIS Report
- ☐ Witness Statement
- ☒ Command statement
- ☐ Other:

The Decision Tree Algorithm was used to make decisions about the criteria.

3. The offender, victim, non-offending parent or guardian and command have the right to request a review of the incident determination. A written request for review must be submitted within 30 days from receipt of this letter per Enclosure (1). Service member will notify their command of a request for review, and family members can contact the case manager.

"FOR OFFICIAL USE ONLY" – PRIVACY ACT SENSITIVE: Any misuse or unauthorized disclosure of this information may result in both criminal and civil penalties

Subj: RESULTS OF INCIDENT DETERMINATION COMMITTEE (IDC), ICO
(b)(6), USN

4. To ensure that the sponsor is fully informed of the IDC decision:

- a. Review and discuss the results with the sponsor.
- b. Please provide the sponsor with Enclosure (1).

5. If you have any questions regarding the information above please contact the Family Advocacy Program Case Manager, (b)(6) at 727-3232.

(b)(6)

Copy to:
Service Member
Civilian family member/partner

Procedures to Request a Review of the Determination

Page 1 of 2

1. The following persons may request review of the Incident Determination Committee's (IDC) determination:

- a. Military Offender when the installation IDC has determined the incident met criteria.
- b. Civilian Offender when the installation IDC has determined the incident met criteria.
- c. Victim (military or civilian) when the installation IDC has determined the incident did not meet criteria. If the victim is a minor child, his or her non-offending parent or guardian may submit a request for review.
- d. Commanding Officer of the offender or victim, may request the installation IDC reconsider the decision.

2. If you are one of the individuals outlined above, you must submit a written request for review based on the presence of one or more of the following grounds.

a. Newly discovered information. You must demonstrate that:

(1) The information was discovered within 30 days of the date you were notified of the IDC's decision (date of incident determination letter).

(2) The new information is not such that it would have been discovered by you at the time of IDC case disposition in the exercise of due diligence; and

(3) The newly discovered information, if considered by the installation IDC, would probably produce a substantially more favorable result for you.

b. Fraud on the installation IDC. You must demonstrate that the fraud substantially influenced the IDC. Examples of fraud on the installation IDC that may warrant granting of review are:

(1) Confessed or proved perjury in statements of forgery of documentary evidence which substantially influenced the IDC.

(2) Willful concealment of information by one or more of the IDC members, which was favorable to the alleged offender/victim and you can demonstrate a substantial likelihood that knowledge of the information may have resulted in a different finding by the IDC.

c. Procedural errors by the installation IDC. If voting members were absent and such absence negatively impacted a finding which the abuse met or did not meet.

(1) IDC voting members include an installation executive officer, installation command master chief, installation staff judge advocate, installation security, family advocacy representative and the command representative. The non-voting member is the Naval Criminal Investigation Service Representative. All members have a designated alternate to attend in their absence.

(2) The petitioner must demonstrate a substantial likelihood the voting member's presence would have changed the outcome of the installation IDC case disposition. IDC attendance by a

Enclosure (1)

Commander, Navy Installation Command
Revised 6 April 2016



DEPARTMENT OF THE NAVY
U.S. NAVAL STATION ROTA
PSC 819 BOX 1
FPO AE 09645-0001

1752
Ser N91/314
15 May 19

Dear Mrs. Amber Merrill,

1. The Clinical Case Staff Meeting (CCSM) was held on 8 May 19, to discuss treatment recommendations for you. After careful consideration of all available information, the following treatment recommendations were made at the CCSM:

a. Mrs. Amber Merrill to continue in individual counseling at FFSC.

b. Family Advocacy Program (FAP) is directed to review all met criteria spouse/intimate partner physical and sexual abuse incidents at the CCSM and assign a severity level using the DoD Family Advocacy Program Incident Severity Rating Scale. The allegation involving the eighteen-month-old has been assessed at Severity Level:

- ☐ Low
☒ Moderate
☐ Severe
☐ Sexual Abuse of Spouse/IP

2. The allegation involving the three-year-old has been assessed at Severity Level:

- ☒ Low
☐ Moderate
☐ Severe
☐ Sexual Abuse of Spouse/IP

3. This incident **does not meet** the criteria as a reportable incident to the parent command as an incident which requires command notification of the Domestic Violence Incident Count – Consequent Command Action taken in this case IAW reference (c).

4. If you have any questions regarding the information above, please contact Family Advocacy Program POC (b)(6) at DSN: 727-3232 or E-mail: (b)(6)

(b)(6)

By direction



DEPARTMENT OF THE NAVY
U.S. NAVAL STATION ROTA
PSC 819 BOX 1
FPO AE 09645-0001

1752
Ser N91/554
5 Sep 19

From: Commanding Officer, U.S. Naval Station Rota
To: Mrs. Amber Merrill

The Clinical Case Staff Meeting (CCSM) was held on 4 September 2019 to discuss the treatment progress for the Family Advocacy Program (FAP) case involving your children as the alleged victims. After careful consideration of all available information, the CCSM closed the FAP case as resolved and the following treatment recommendations were made:

- a. Mrs. Amber Merrill to continue in individual counseling at FFSC, if desired.

If you have any questions regarding the information above, please contact the Advocacy Clinical Counselor (b)(6) at the Fleet & Family Support Center, Rota Spain, at COMM: (+34) 956-82-3232 or E-mail: (b)(6)

(b)(6)

By direction